HIT'M

Hepatitis Integration Training Manual

HEPATITIS C PREVENTION

→ HIV/AIDS

→ STD

→ HARM REDUCTION

→ DRUG TREATMENT

American Liver Foundation

HIT'M

Hepatitis Integration Training Manual

A Manual for Training Staff to Integrate Hepatitis C Prevention into HIV/AIDS, STD, Harm Reduction, and Drug Treatment Programs

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The American Liver Foundation is a nonprofit, national voluntary health organization dedicated to the prevention, treatment, and cure of hepatitis and other liver diseases through research, education, and advocacy.

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The Road to Integration

THIS MANUAL prepares a trainer to conduct a 1/2 day (3-hour) "Integrating Hepatitis C" training session with counselors, case managers, outreach workers, educators, drug treatment providers, or HIV/AIDS treatment providers whose clients are at risk of being infected with hepatitis C virus (HCV) or of transmitting the virus to others. This manual is a user-friendly, informative guide to understanding hepatitis C. The manual contains specific lesson plans needed to conduct the 3-hour training.

A workbook/study guide that closely follows this training manual is included. It can be used either as a workbook for the training participants or it can be distributed as a self-study guide for the people who cannot attend the training session. In preparation for your training session, review this manual and order enough workbooks from the American Liver Foundation for each training participant to have one. The workbook includes the slide show worksheets, exercises, and most of the appendices contained in the training manual.

The goals of this training manual:

- To provide an overview of hepatitis C.
- To provide a detailed set of tools needed to conduct a half-day hepatitis C training session.

Who Is This Training Manual for?

This manual is a comprehensive guide for a trainer to teach HIV/AIDS educators, substance abuse counselors, social workers, nurses, and outreach workers about integrating hepatitis C information into their work. A variety of people, even those who have limited knowledge about hepatitis C, can use this manual to teach others about hepatitis C and how to prevent it. The trainer might be a supervising drug counselor or senior outreach worker who is training his or her staff to counsel patients about hepatitis C. It might be a nurse at a primary care center or STD clinic who wants his or her staff to add hepatitis C prevention education to their work with patients at risk. It may be a supervising case manager in a detention center who would like to train staff to speak to their clients about preventing hepatitis C.

This manual is for training:

- HIV/AIDS prevention educators.
- HIV/AIDS treatment providers.
- Drug prevention educators.
- Drug treatment providers.
- Harm reduction counselors.
- Needle exchange staff and educators.
- Health care providers at STD clinics and primary care settings.
- Counselors and health care providers in prison settings.

The Road to Integration

How Do I Use This Training Manual?

This is a formally structured 3-hour training session. It is recommended that it be taught in its entirety, in one morning or afternoon session. This manual, however, is user-friendly and can easily be adapted to meet the needs of your training participants.

BEFORE CONDUCTING THE TRAINING, you will also need 2-3 hours of preparation time. You are encouraged to read the entire manual in advance to become familiar with the content and to allow time for any training materials you order to be delivered.

TRAINER NOTES at the beginning of each section provide an overview and suggest ways to present the information. The trainer notes for each section include the following components:

Objectives outline what each section aims to accomplish.

Activities are designed to present information and to facilitate discussion. The activities may be used directly or may be modified to suit your needs.

Presentation Tips include suggestions for introducing or presenting material in this section.

Educational tools can be ordered from the American Liver Foundation for your staff or clients (see "Resources" in Part 7).

A TRAINING EVALUATION TOOL is included in this training manual and in each participant workbook. The pre-training questionnaire is to be used at the start of the training and the post-training questionnaire is to be administered at the end of the training. The questionnaires can be used to measure your staff's understanding of hepatitis C prior to the training, and to assess improvements, if any, after the session is completed.

A SLIDE SHOW is included as a teaching tool for you to teach the basic facts about hepatitis C. You can download the slide show from www.liverfoundation.org.

The Road to Integration

How Can I Keep Current?

This manual provides the latest hepatitis C information available at this time. However, new research is continually published, making what seemed new old in no time. Research is currently underway to develop hepatitis C screening tests for outreach settings, and to better understand sexual risk, risk from non-injection drug use, tattooing, and body piercing. With a bit of effort, you can get the latest information about hepatitis C. Trainers are advised to consult the resources in Part 7 of this manual to obtain updated information. Several Web sites are available on the internet, some of which offer "Listserv" services where you can sign up to receive a monthly newsletter or other "news" about hepatitis C. Hotlines can also provide the latest information by telephone (see Part 7).

Suggested Outline for the Training Session

The sections of the manual contain a complete curriculum for presenting a 3-hour "Integrating Hepatitis C" training session to staff who counsel those at greatest risk.

TRAINER PREPARATION

Part I This part is the introductory section for the trainer.

TRAINING OUTLINE

Part 2 Welcome, Introductions/Icebreaker . . . . . *25 minutes*
Pre-training Questionnaire . . . . . *10 minutes*

Part 3 Hepatitis C Overview
a. Slide Show . . . . . *30 minutes*
b. Activities . . . . . *25 minutes*

Part 4 Why Integrate Hepatitis C Information into HIV/AIDS and Drug Prevention Education? . . . . . *30 minutes*

Part 5 Themes for Integrating Hepatitis C Prevention Messages . . . . . *30 minutes*

Part 6 Summary and Post-training Questionnaire . . . . . *25 minutes*

Part 7 Resources
Frequently Asked Questions About Hepatitis C, Hepatitis C Resources, Glossary, Bibliography, Educational Tools and Order Form

Part 8 Workbook

**Feel free to schedule breaks in the training as you see fit.*

Pre-Training Introduction

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Pre-Training Introduction

Time Allotted: 35 minutes

OBJECTIVES

- To introduce today's training session.
- To establish a comfortable setting for learning to take place.
- To introduce the training participants to each other.
- To learn what the training participants do and do not know about hepatitis C.

ACTIVITIES

Welcome *5 minutes*

Introduce yourself. Describe the purpose of the training and the material that will be covered. Explain the timeframe for completing the training including time for scheduled breaks.

Icebreaker/Introductions *15 minutes*

The following icebreaker is an optional activity. Another activity may be substituted.

- Ask the training participants to form pairs with a partner they did not know well before today. Each person is to ask these questions about the other: "Please tell me your name and something about yourself. You could describe a hobby, an accomplishment, something about your job, something humorous, or anything else you would like to share."
- Each person will introduce his/her partner to the group.

Pre-training Questionnaire *5-10 minutes*

Be sure to emphasize that the tests are anonymous and will be used to assess the content of the presentation, not individual members of the group. Ask the participants to place any 4-digit code that they will remember at the top of the page. To keep the tests anonymous, names or initials should be avoided. Allow the group 5-10 minutes to answer the questions. Collect the questionnaires before you begin the discussion about hepatitis C.

Opening Questions *5-10 minutes*

These questions may pose an opportunity to explore myths about hepatitis C or to clarify confusion between hepatitis A, B and C.

- Begin with an introductory question such as, "What do you know about hepatitis C?" or "What do you know about how the hepatitis C virus is transmitted?"
- Follow with a question such as, "What would you like to learn about hepatitis C today?" or "What misinformation do you think is out there about hepatitis C?"

PRESENTATION TIPS

- The introduction sets the mood for the entire training. Choose an approach that you think is most appropriate for your group. For example, although similar material will be covered, a presentation for nurse educators may differ from a presentation for syringe exchange counselors.
- Present the pre-test in a non-threatening way by explaining that its purpose is to inform the content of the presentation, and not to "test" the group.

Pre-Training Introduction

Pre-training Questionnaire

____ ____ ____ ____

This questionnaire is anonymous. Enter any four-digit code of numbers or letters in the spaces above. You will be asked to repeat the same code on the post-training questionnaire. Indicate how you feel about the following statements by checking the box that shows how much you agree or disagree.

	AGREE		DISAGREE	
	Strongly	Somewhat	Somewhat	Strongly
Drug users are so busy trying to get money to buy drugs that they don't have time to pay attention to warnings about hepatitis C.				
Treatment for hepatitis C makes you feel more sick than the disease itself.				
I know about who is at risk for hepatitis C and how to prevent it.				
It would be easy to incorporate hepatitis C prevention messages into the work I am currently doing.				
Most people would be tested for the hepatitis C virus (HCV) if they were offered the test for free.				

Please circle T for True and F for False for the following statements.

T **F** HCV can be transmitted by coughing, just like tuberculosis.

T **F** It's easier to get the hepatitis C virus than it is to get HIV– the AIDS virus.

T **F** HCV can be spread by using the same rinse water as an infected person when shooting up drugs.

T **F** There is a vaccine that protects against hepatitis C.

T **F** Up to 90% of people who have injected drugs for 5 years or more have hepatitis C.

T **F** Most people who are infected with HCV have no symptoms at first.

T **F** 3.9 million people in the U.S. have been infected with HCV.

T **F** Most people who are HCV infected will not get sick.

T **F** Of the people who do get sick, it can take as long as 15 - 20 years for the hepatitis C virus to cause significant liver damage.

Please describe what you hope to learn today. _____

Hepatitis C Overview

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Hepatitis C Overview

Time Allotted: 55 minutes

OBJECTIVES

To teach the basic facts about hepatitis C, including: modes of transmission, prevention messages, screening recommendations, treatment options, and HIV/HCV co-infection.

ACTIVITIES

Present Slide Show *30 minutes*

To present the PowerPoint slide show, download from www.liverfoundation.org.

Computer equipment may be used to display or project the slide show. Overheads can be made or printouts can be distributed. The workbooks contain PowerPoint handout sheets with space for notes next to pictures of each slide.

Activity 1: Myth or Fact About Hepatitis C *10 minutes*

Ask the group to complete Activity 1 in the workbook by indicating whether each statement is a myth or a fact. Review the answers with the group using the answer key on the page following Activity 1. Answer keys are also located in Part 7 of their workbooks.

Activity 2: How Risky Is It? *15 minutes*

This activity may be completed individually or by smaller groups of 3-4 training participants. If you choose to divide the group into smaller groups, do so, and ask each group to try to agree on a single answer for each question. After the questions are completed, encourage discussion about the answers, especially if there is disagreement. Consult answer key for answers.

PRESENTATION TIPS

- Become familiar with the content before presenting the slide show by reading trainer notes and referring to frequently asked questions in Part 7.
- Refer participants to the resources section of their workbooks for answers to frequently asked questions about hepatitis C.
- Be sure to allow time for questions at the end of the slide show.

EDUCATIONAL TOOLS *See "Resources" section in Part 7.*

American Liver Foundation Fact Sheet: Hepatitis C

American Liver Foundation Brochure: The Hepatitis Information You Need to Know (T.H.I.N.K.)

American Liver Foundation Brochure: Getting Hip to Hep

American Liver Foundation Brochure: 50 Ways to Love Your Liver

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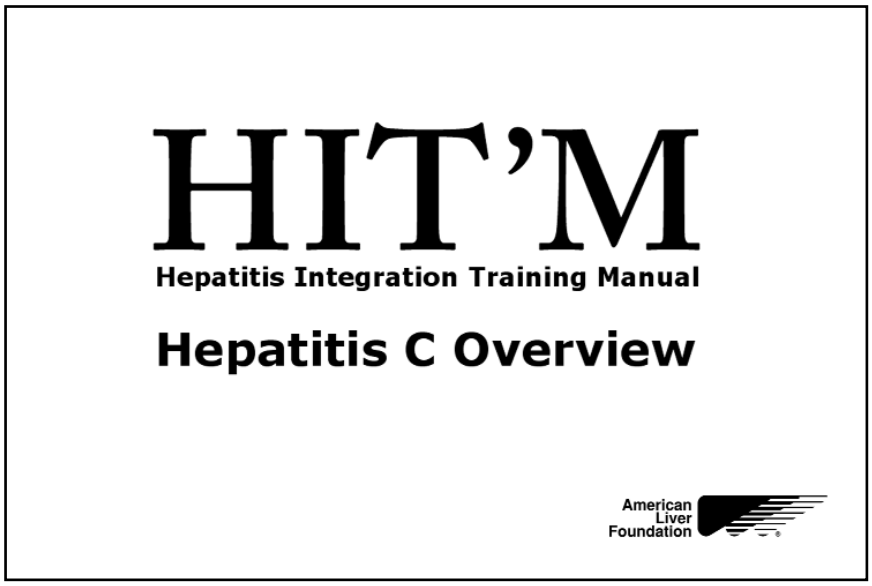
Hepatitis C Overview



This slide show contains an overview of hepatitis C. **THE TOPICS THAT WILL BE COVERED INCLUDE:**

- Differences between hepatitis A, B and C.
- Hepatitis C facts and risk factors.
- Who should be tested for HCV.
- Prevention messages.
- Screening and treatment options.
- HIV and HCV co-infection.

Hepatitis C Overview

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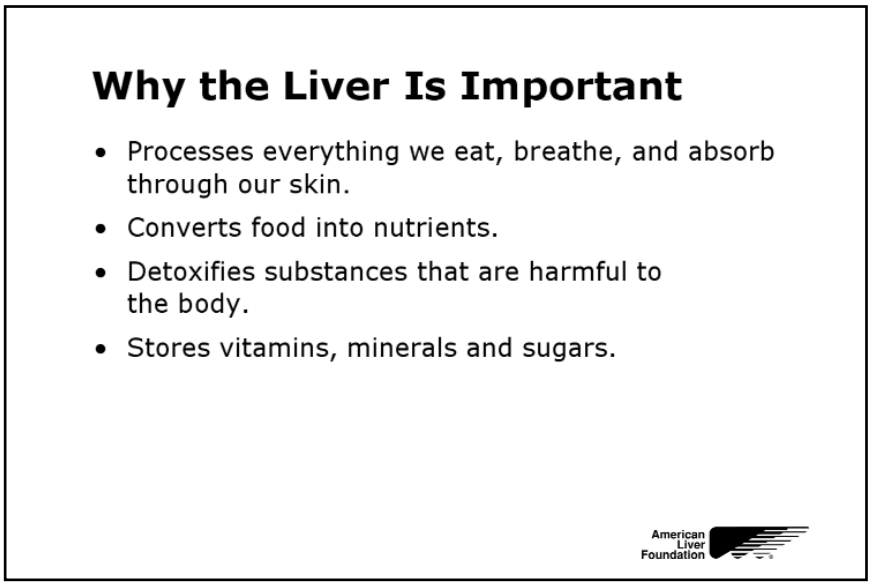

THE LIVER'S JOB IS TO PROCESS EVERYTHING that we eat, breath or absorb through the skin. It converts food into nutrients, stores vitamins, minerals and sugars, produces bile, and detoxifies substances that are harmful to the body.

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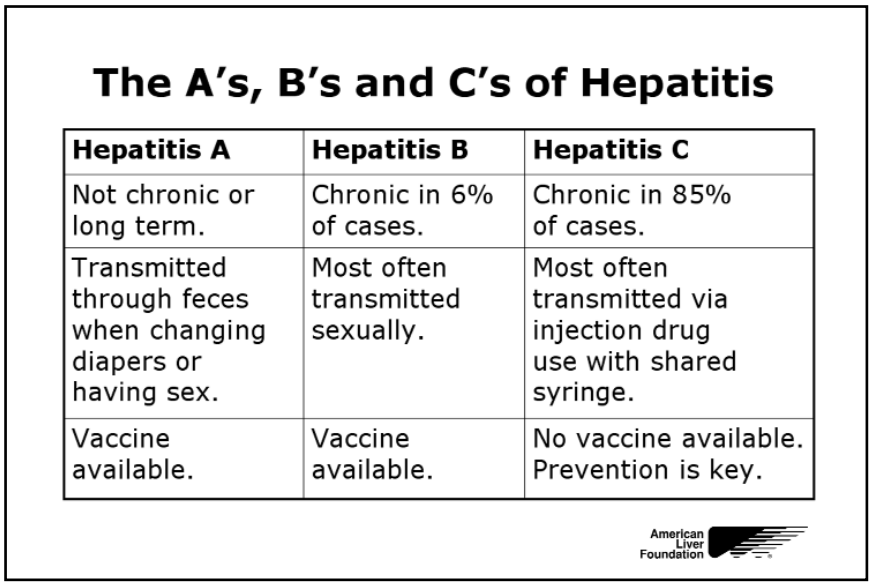
Hepatitis C Overview



HEPATITIS A, B, AND C are infectious viruses that affect the liver.

HEPATITIS A VIRUS (HAV) is usually transmitted through household contact with an infected person or by eating food, raw shellfish such as clams, or drinking water that is contaminated with the virus. The virus can be spread at daycare centers, mostly if, when diapering children, their feces come in contact with others. It can also be spread by sexual contact or by sharing needles. Hepatitis A is never chronic and most people recover completely, although occasionally people get very sick and die. HAV can cause serious complications for people with other liver diseases including chronic hepatitis B and C.

HEPATITIS B VIRUS (HBV) is transmitted sexually through exposure to blood, semen, vaginal secretions, and open sores. It is most often transmitted sexually, but it can also be spread via injection with an infected needle. It is not spread casually. About 6% of HBV-infected adults develop long-term infection that can lead to severe liver damage, cirrhosis, or death.

HEPATITIS C VIRUS (HCV) is a bloodborne virus that affects the liver. HCV is most often transmitted via injection drug use with an infected needle, but it can also be sexually transmitted.

Both hepatitis A and hepatitis B can be prevented by vaccination. However, there is no vaccine for hepatitis C. Therefore, education is the key to preventing new cases of hepatitis C.

Hepatitis C Overview

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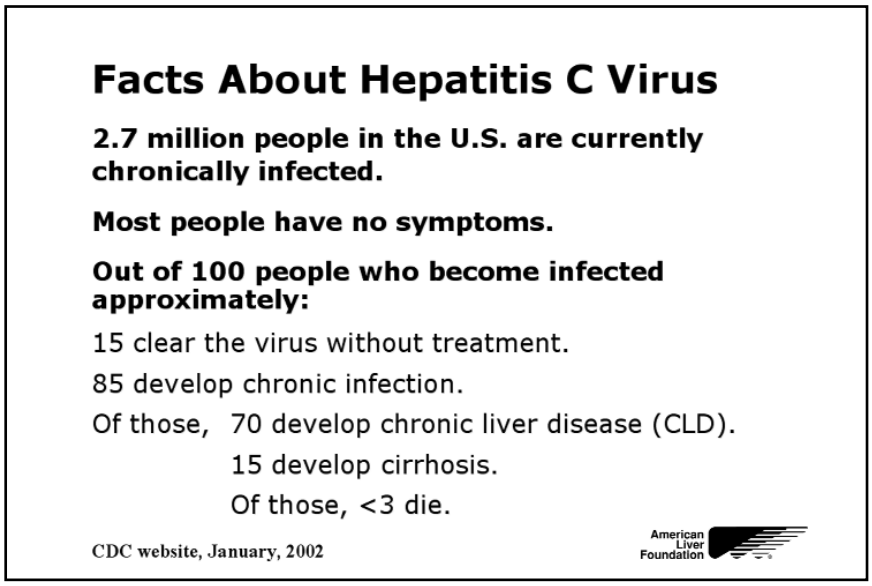

HEPATITIS C virus (HCV) infection is the most common, chronic, bloodborne infection in the United States. Currently, 2.7 million Americans are chronically infected with hepatitis C virus (HCV). Most people do not know they are infected because they do not have any symptoms. However, they are infectious and may unknowingly be spreading the disease to others. Out of 100 people who become infected with HCV, approximately 15 clear the virus without treatment, and **85 DEVELOP CHRONIC INFECTION.** Of those 85, approximately 70 will develop chronic liver disease and 15 will develop cirrhosis or scarring of the liver. Fewer than 3 people will die from chronic liver disease or cancer of the liver.

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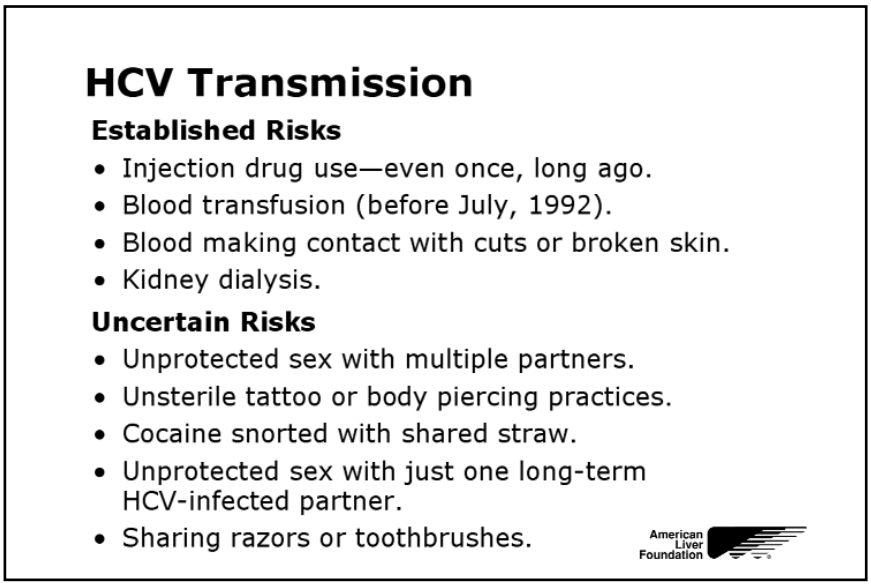
Hepatitis C Overview



HCV is passed from one person to another when one person's HCV-infected blood enters the bloodstream of another person. We do not intend to stigmatize injection drug users. Injection drug users who have never once shared injection equipment or shared drug solution with another person are not at risk of acquiring hepatitis C through injection drug use. However, it is very common for new injectors to share equipment.

HOW DOES THIS OCCUR?

Established Risks

- Injecting drugs using contaminated syringes, rinse water, cotton filters or cookers — even if only once, long ago.
- Data suggest that a sterile needle that is used to draw up a shared drug solution could be a risk.
- Blood transfusion (before July, 1992).
- Blood making contact with cuts or broken skin.
- Kidney dialysis.

Uncertain Risks

- Unprotected sex with multiple partners.
- Unsterile tattoo or body piercing practices.
- Cocaine snorted with shared straw.
- Unprotected sex with just one long-term HCV-infected partner.
- Sharing razors or toothbrushes.

Hepatitis C Overview

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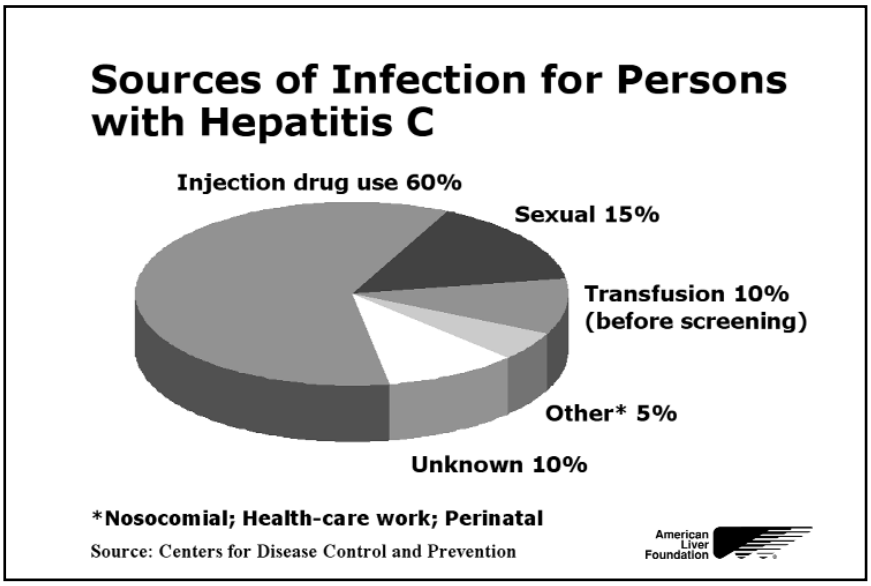

Risks associated with **INJECTION DRUG USE** account for 60% of HCV infections and is the most important risk factor for hepatitis C. Sexual behaviors are 15% of the cases, transfusions before 1992 account for 10%, 5% are other risks, and 10% of the cases are still unknown.

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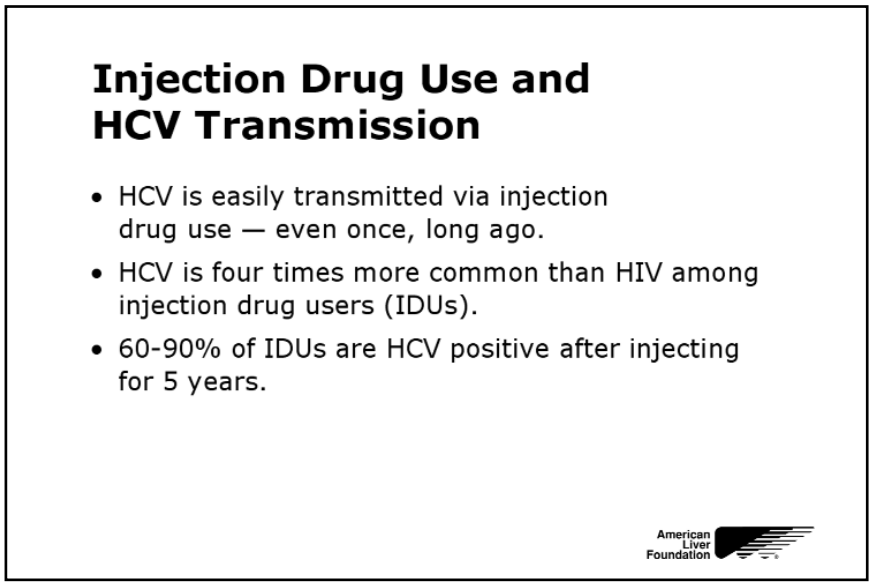
Hepatitis C Overview



HEPATITIS C virus (HCV) can be easily transmitted if a person injects a drug solution using a contaminated syringe, or re-uses or shares rinse water, cotton filters or cookers. HCV is four times more common than HIV, and studies have shown that 60-90% of IDUs who have injected drugs for five years are infected with HCV.

This tells us that **HEPATITIS C PREVENTION MESSAGES** are important for new and potential injectors to hear so that they can protect themselves and others from being infected.

Hepatitis C Overview

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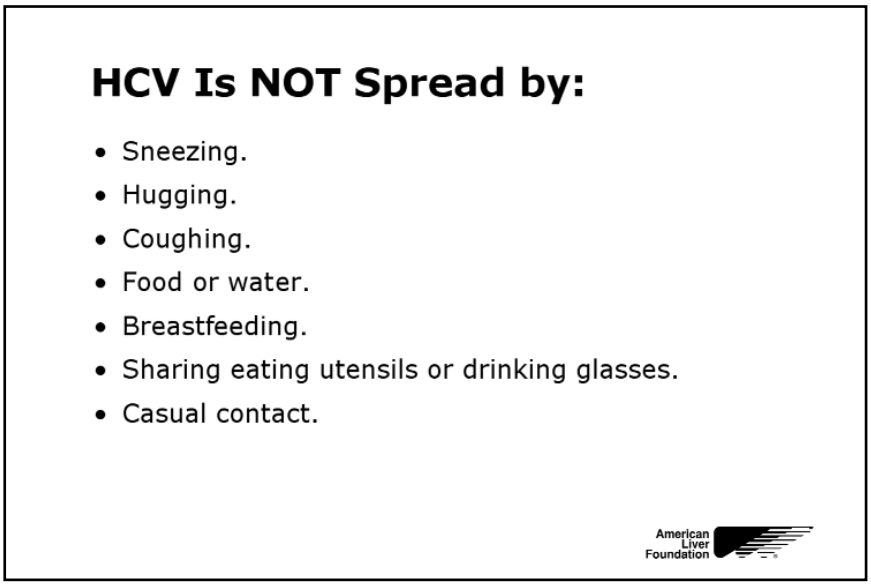

HEPATITIS C VIRUS IS NOT SPREAD BY:

- Sneezing.
- Hugging.
- Coughing.
- Food or water.
- Breastfeeding.
- Sharing eating utensils or drinking glasses.
- Casual contact (sharing forks, knives, towels, or toilets with an HCV-infected person).

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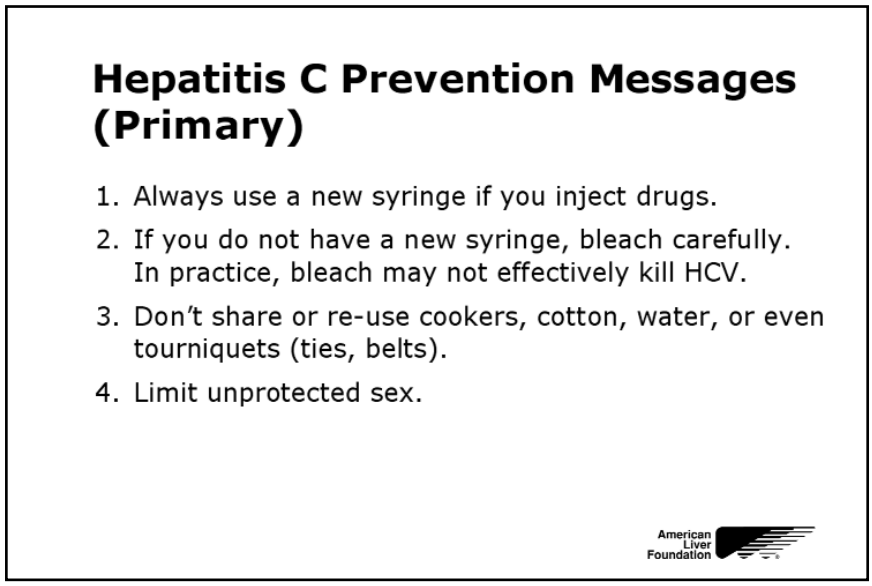
Hepatitis C Overview



Injection drug use is a risk factor in 60% of the new hepatitis C infections in the United States.

PREVENTION MESSAGES FOR INJECTION-DRUG USERS

1) Always use a new syringe each time you inject drugs.

2) If a new syringe is not available, bleach syringes carefully. In practice, bleach may not effectively kill HCV. Research shows that IDUs did not leave bleach in their syringes long enough to kill HIV. The same may be true of HCV. Only bleach if you must inject drugs before you can get a new syringe. To bleach correctly, follow these steps:

Step 1: **Rinse.** Fill the syringe with clean water by pulling back on plunger. Shake the syringe and squirt the water out. Repeat twice with new water.

Step 2: **Bleach.** Fill the syringe with full strength bleach and shake. Leave for 30 seconds; use a watch with a second hand to be sure. Squirt the bleach out through the syringe. Repeat bleaching two more times, each for 30 seconds.

Step 3: **Rinse.** Rinse the syringe three more times with clean water. Keep rinse water apart from water used to prepare drugs.

3) Don't share or reuse cookers, water, cotton or even tourniquets (i.e., ties, belts). Since bleach may not effectively kill HCV, try not to share any equipment or drug solution.

4) Limit unprotected sex. Make every effort to use a latex condom every time. Although HCV is not easily transmitted sexually, it is believed that 10-20% of new infections have occurred because of sexual intercourse with an infected partner.

Hepatitis C Overview

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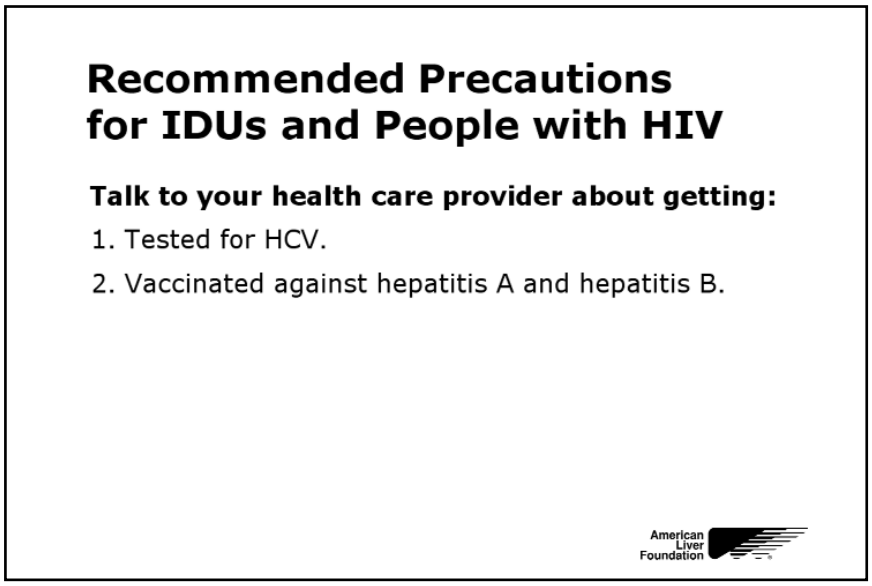

If you have ever injected drugs, or are otherwise at high risk for hepatitis C, or if you have ever tested positive for HIV,
TALK TO YOUR HEALTH CARE PROVIDER ABOUT GETTING:

1) Tested for HCV. If you have ever injected drugs there is a good chance you are already HCV-infected. If you test positive, you will need to get medical care, take steps to keep healthy, and prevent transmitting HCV to others. Ask the person who gives you your test results for referrals to additional medical care.

2) Vaccinated against hepatitis A and hepatitis B. The hepatitis A and hepatitis B viruses can damage your liver. Getting vaccinated will protect your liver from these diseases.

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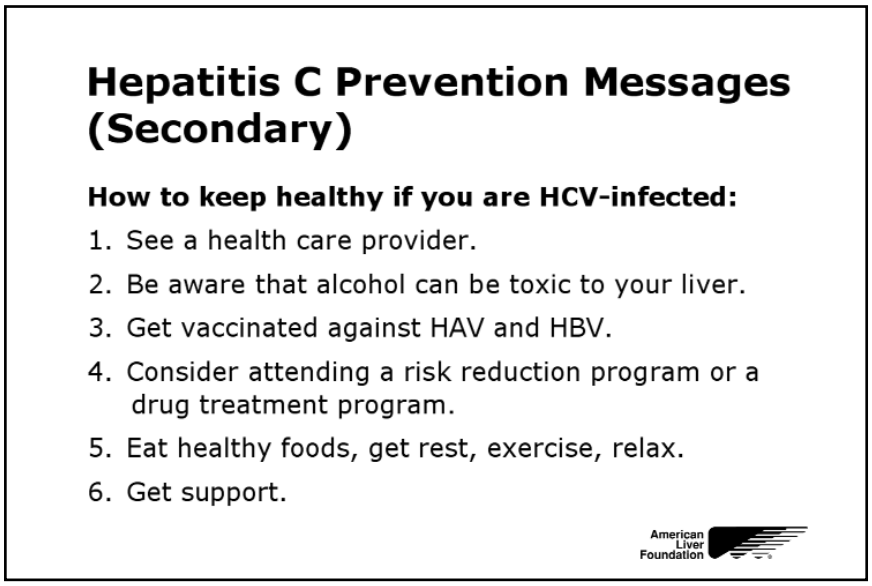
Hepatitis C Overview



There are many things you can do to keep healthy if you are infected with the hepatitis C virus.

1) SEE A HEALTH CARE PROVIDER. Do not take any medications, including over-the-counter and herbal medicines, until you discuss them with your provider. It is best to see a hepatologist (a specialist in liver diseases), a gastroenterologist (a specialist in digestive diseases), or for your provider to consult with one of these specialists.

2) Be aware that **ALCOHOL CAN BE TOXIC** to your liver. Patients with hepatitis C are more sensitive to the toxic effects of alcohol. Drinking as few as 1-2 drinks per day can damage the liver, and may allow hepatitis C to progress faster.

3) Check with your health care provider about **GETTING VACCINATED** against the hepatitis A virus (HAV) and the hepatitis B virus (HBV) so you can protect your body from other liver-damaging viruses.

4) Consider **ENTERING A DRUG TREATMENT PROGRAM** if you are addicted to alcohol or other drugs. Reducing the amount and toxicity of the substances that enter into your body will help keep your liver as strong as possible.

ATTEND A RISK REDUCTION PROGRAM if you need help reducing your intake of alcohol or drugs. Not only do risk reduction programs offer free syringes, but they also can recommend ways to reduce drug toxicity or to better manage drug use. Many programs offer stress-reducing therapies such as acupuncture and Reiki that may reduce drug cravings.

5) Eat healthy foods, get rest, exercise, and relax. **TAKING CARE OF YOUR BODY** will help to strengthen your liver and prevent hepatitis C from progressing.

6) GET SUPPORT. Most people with HCV have no symptoms, but others feel very fatigued or depressed. Getting infected with the hepatitis C virus can be scary and overwhelming. Support groups may help you deal with your diagnosis.

Hepatitis C Overview

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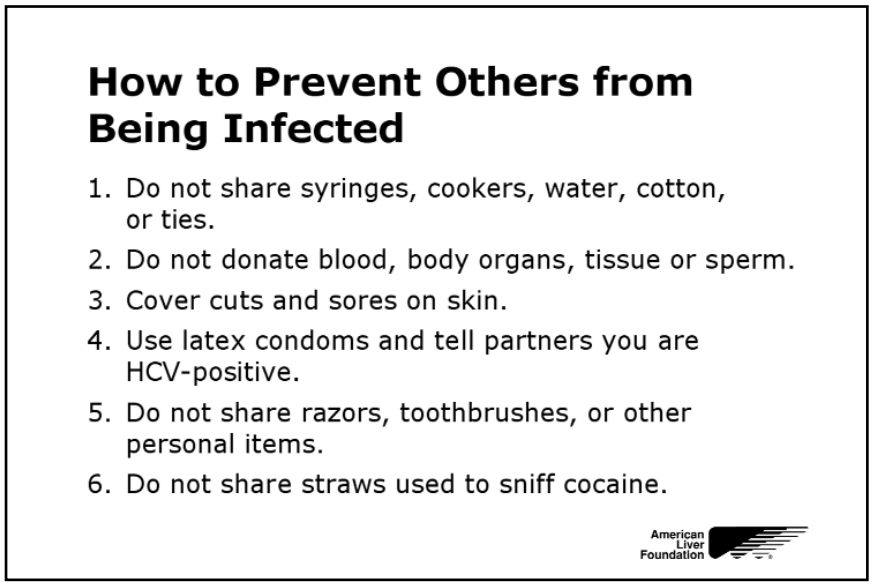

HOW CAN TRANSMISSION BE PREVENTED?

1) Do not share syringes, cookers, water, cotton, or ties when preparing or injecting drugs.

2) Do not donate blood, body organs, tissue or sperm.

3) Cover cuts and sores on skin.

4) Use latex condoms and tell partners you are HCV-positive.

5) Do not share razors, toothbrushes, or other personal items that could transmit blood.

6) Do not share straws used to sniff cocaine.

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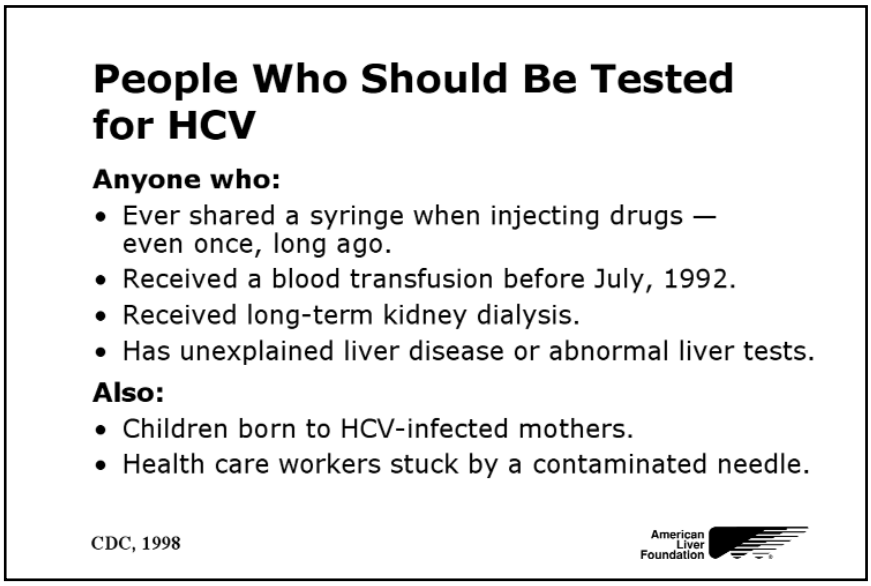
Hepatitis C Overview



WHO SHOULD BE TESTED FOR HCV?

Routine testing

- Ever shared a syringe when injecting a drug solution, or re-used or shared rinse water, cotton filters or cookers—even once, long ago.
- Received a blood transfusion before July, 1992.
- Received long-term kidney dialysis.
- Has unexplained liver disease or abnormal liver tests.

Post-Exposure Testing

- Children born to HCV-infected mothers.
- Health care workers stuck by a contaminated needle. (There is no post-exposure treatment for HCV.)

Hepatitis C Overview

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HCV testing is not recommended for everyone.

ALTHOUGH PROBABLY NOT AT RISK, CONSIDER TESTING IF YOU HAVE:

- Had a sexually transmitted disease.
- Had unprotected sex with multiple partners.
- Been tattooed with unsterile equipment (especially in prison).
- Shared straws to snort cocaine.*
- Served in Vietnam.*
- An HCV-infected long-term steady sex partner.*

** The CDC does not consider these to be significant risks.*

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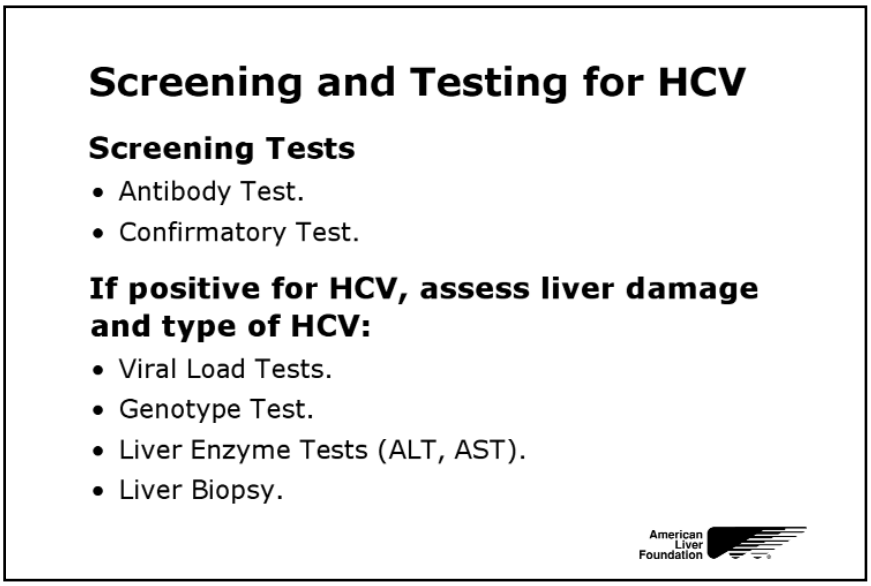
Hepatitis C Overview



Screening tests tell whether or not you have been infected with HCV. The **FIRST SCREENING TEST** is a blood test that tells whether your body has developed antibodies to the hepatitis C virus.

If positive, a **SECOND TEST** confirms whether the virus is currently in your body.

Anyone who is **CONFIRMED POSITIVE** for HCV should be evaluated by a medical health care provider who will prescribe more tests in order to determine whether the hepatitis C virus has caused liver damage, and to recommend treatment options.

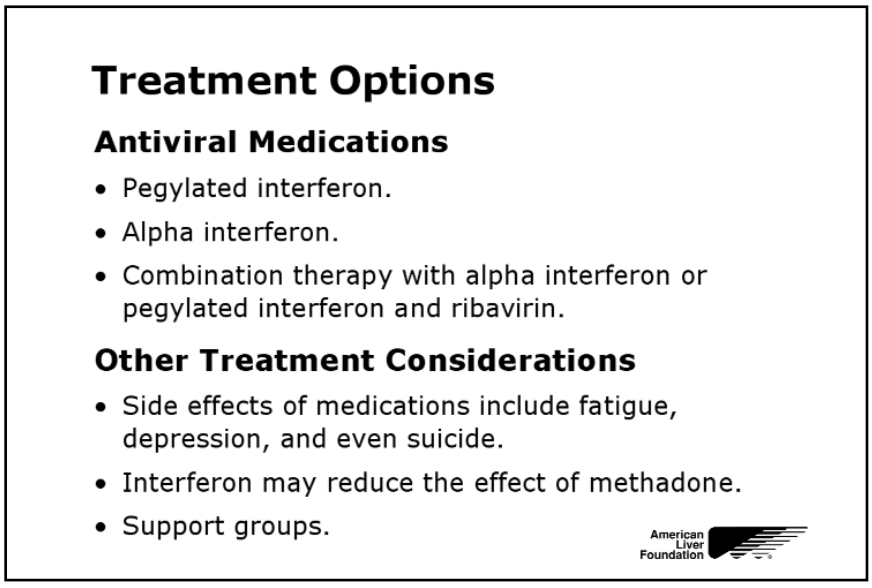
Viral load test
Determines the concentration of HCV in the blood.

Genotype test
Determines which of the six types of HCV a person has. Genotypes describe which "family" a person's virus belongs to. Types 1a and 1b are the hardest to treat and are the most common in the U.S. Health care providers usually request this test only if a patient is a likely candidate for treatment.

Liver enzyme test
These blood tests measure the amount of inflammation in the liver (ALT, AST).

Liver biopsy
A liver biopsy is done to determine if there is inflammation (fibrosis) or scarring (cirrhosis) of the liver. It is the only way to accurately determine the liver's actual condition. The procedure involves inserting a needle into the liver and taking a small tissue sample to test for damage to the liver.

Hepatitis C Overview



In the past few years, substantial developments have been made in the treatment of chronic hepatitis C. New compounds have been developed, resulting in improved outcomes.

PEGYLATED INTERFERON

Pegylated (PEG) interferon is the current state-of-the-art treatment for hepatitis C. PEG interferon, a time-released drug, was approved by the FDA in February, 2001. Many health care providers are now using PEG interferon combined with ribavirin for improved results.

ALPHA INTERFERON

Several forms of alpha interferon are available. Interferon is injected under the skin three times each week for up to a year.

COMBINATION THERAPY WITH ALPHA INTERFERON AND RIBAVIRIN

Ribavirin, an antiviral medication, is taken orally in addition to the alpha interferon injections. People who have type 2 or type 3 tend to have a better response to combination treatment.

SIDE EFFECTS OF HEPATITIS C MEDICATIONS

These hepatitis C medications have potentially severe side effects. The interferons can cause flu-like symptoms, muscle and joint pain, nausea, fatigue, anxiety, personality changes, withdrawal symptoms (some patients say interferon reduces the effect of methadone), depression, and even suicide. Interferon has been the cause of relapse in people with a history of drug or alcohol abuse. Ribavirin can cause severe anemia and birth defects, and is therefore not used to treat pregnant women.

SUPPORT GROUPS

Hepatitis C is a serious illness that can be frightening and may cause anxiety. Support groups can help you to better understand the disease, learn what questions to ask, consider treatment options, and make lifestyle changes to remain as healthy as possible. A support group can help an HCV-infected person by reducing anxiety and helping to locate additional resources.

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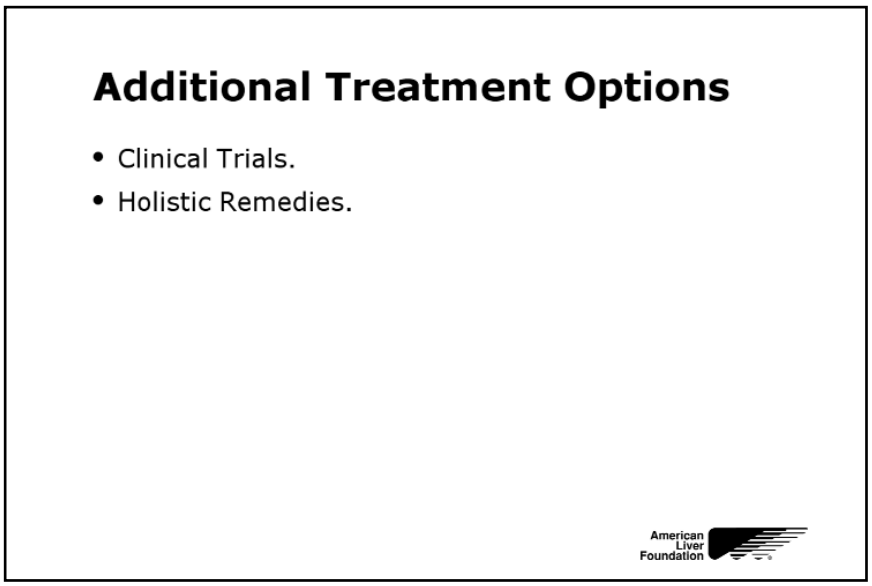
Hepatitis C Overview



CLINICAL TRIALS

Drug companies are working to develop and test new and better drugs to fight against diseases such as hepatitis C. Patients with hepatitis C may enroll in a study, or clinical trial, in order to receive experimental drugs. You receive free medication and medical care, and have the chance of obtaining newer, more effective treatment. Eligibility criteria for clinical trials vary.

HOLISTIC REMEDIES

Some people choose holistic remedies such as milk thistle, dandelion, garlic, and licorice root to treat or control the symptoms of hepatitis C. Acupuncture and Qi Gong have been used to promote health. Increasing exercise, decreasing stress, eating well-balanced meals, drinking plenty of water, and preventing toxins from entering the body help to keep your liver healthy. Always speak to your health care provider before taking any medications, including herbs.

Hepatitis C Overview

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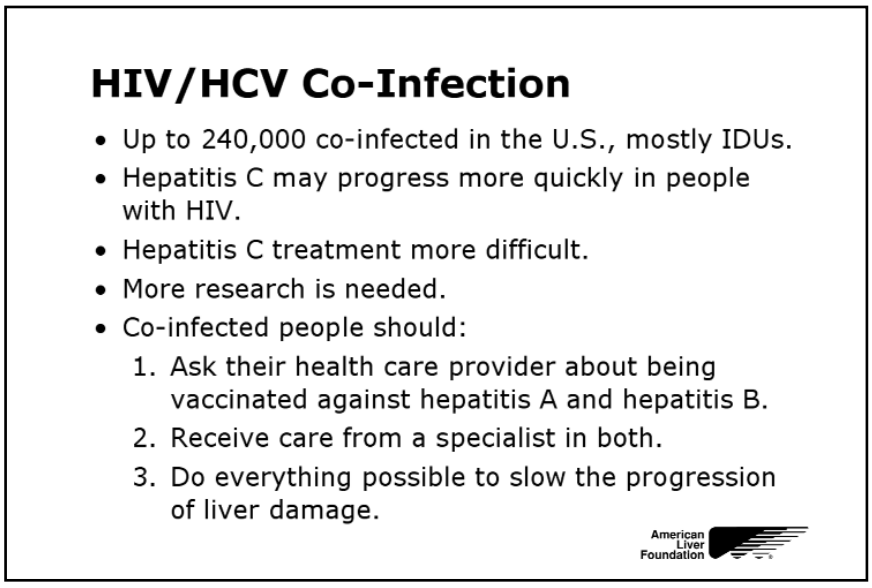

It is estimated that up to 240,000 people are now co-infected with HIV and HCV in the United States. Co-infection with HIV and HCV is common, especially among IDUs. Hepatitis C may progress more rapidly in people who are co-infected with HIV. Although hepatitis C does not make HIV progress faster, the liver damage caused by HCV can possibly interfere with the body's ability to utilize HIV medicines.

AN HIV POSITIVE PERSON WITH CONFIRMED HCV CO-INFECTION SHOULD

1) Ask their health care provider about being vaccinated against hepatitis A and B (if at risk) to prevent further damage to the liver.

2) Receive care from a specialist who has expertise in both HIV and HCV, or, if one is not available, be sure their health care provider consults with specialists of both diseases.

3) Do everything possible to slow the progress of liver damage.
- Limit alcohol consumption.
- Eat nutritious meals.
- Exercise.
- Reduce stress.
- Discuss treatment options with their medical care provider.

Hepatitis C is more difficult to treat in HIV positive people. Liver function tests must be carefully monitored, especially when taking medications for HIV/AIDS.

More research is needed to determine effective treatments for people infected with both HCV and HIV. Hepatitis C medications have only been tested on a small number of patients who also have HIV. Treatment of co-infected people must take into consideration how the medications and conditions of both diseases affect the patient.

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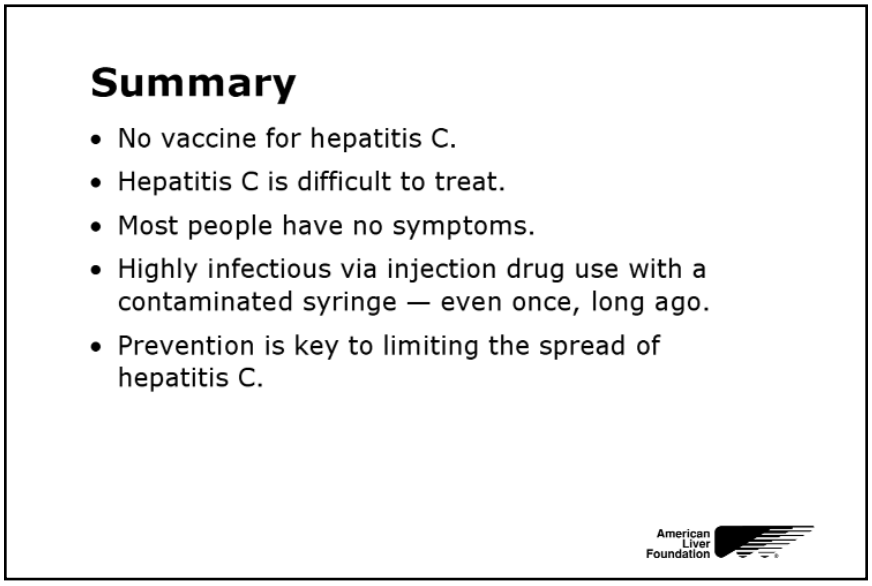
Hepatitis C Overview



TO SUMMARIZE, there is no vaccine to prevent hepatitis C. The disease is difficult to treat; 2.7 million people are currently chronically infected and most do not know it because they have no symptoms and have not been tested.

Hepatitis C virus is highly infectious if a person injects a drug solution using a contaminated syringe, or re-uses or shares rinse water, cotton filters or cookers.

PREVENTION IS THE KEY to limiting the spread of hepatitis C, especially among injection drug users.

Hepatitis C Overview

ACTIVITY 1

Myth or Fact About Hepatitis C

Indicate whether each of the following statements is a myth or a fact.

	MYTH	FACT
1) If you have hepatitis C, drinking several glasses of wine each day won't hurt your liver.		
2) 30% of HCV infections were caused by injection drug use.		
3) More IDUs are infected with HCV than with HIV.		
4) Most people with hepatitis C do not know they are infected because they feel fine.		
5) Diet and exercise won't make a difference to your overall health if you have hepatitis C.		
6) Most people with HCV infection turn yellow.		
7) Men who have sex with men are at increased risk for getting hepatitis C.		
8) You are not likely to get infected with HCV if you have unprotected sex with one HCV-infected partner.		
9) People with hepatitis C should ask their health care providers about being vaccinated against HAV and HBV (hepatitis A and B).		
10) There is an effective vaccine against HCV infection.		

ANSWER KEY

Hepatitis C Overview

ACTIVITY 1

Myth or Fact About Hepatitis C

Indicate whether each of the following statements is a myth or a fact.

	MYTH	FACT
1) If you have hepatitis C, drinking several glasses of wine each day won't hurt your liver. *Answer:* Alcohol is potentially toxic to the liver. Experts recommend that people infected with HCV refrain from drinking alcohol, or drink as little as possible. This is especially true for people who are taking antiviral medications to treat hepatitis C.	✓	
2) 30% of HCV infections were caused by injection drug use. *Answer:* 60% of new HCV infections are caused by injection drug use.	✓	
3) More IDUs are infected with HCV than with HIV. *Answer:* Yes. Up to 90% of IDUs who have injected for 5 years or more are infected with the hepatitis C virus.		✓
4) Most people with hepatitis C do not know they are infected because they feel fine. *Answer:* Most people who are infected with HCV have no symptoms at the onset of the disease and so they do not know they are infected.		✓
5) Diet and exercise won't make a difference to your overall health if you have hepatitis C. *Answer:* There is evidence that a healthy diet and exercise can keep the liver healthier and slow the progression of the disease.	✓	
6) Most people with HCV infection turn yellow. *Answer:* Most people with HCV infection do not turn yellow. This symptom does appear in some people whose illness progresses to liver disease.	✓	
7) Men who have sex with men are at increased risk for getting hepatitis C. *Answer:* The rates of HCV infection among men who have sex with men (MSM) are not substantially higher than the rates among heterosexuals.	✓	
8) You are not likely to get infected with HCV if you have unprotected sex with one HCV-infected partner. *Answer:* Studies have shown that the prevalence of HCV infection among long-term spouses of HCV-infected partners is low.		✓
9) People with hepatitis C should ask their health care providers about being vaccinated against HAV and HBV (hepatitis A and B). *Answer:* Hepatitis A and hepatitis B are viruses that affect the liver. If the liver is already compromised by hepatitis C, it is important to be vaccinated against the other two viruses to keep your liver as healthy as possible.		✓
10) There is an effective vaccine against HCV infection. *Answer:* There is not yet a vaccine against HCV infection.	✓	

Hepatitis C Overview

ACTIVITY 2

How Risky Is It?

Indicate whether the following items pose a Definite Risk, Possible Risk, or No Risk of HCV infection.

	DEFINITE	POSSIBLE	NO RISK
1) Sharing a plate and a fork with a person who is infected with HCV.			
2) Shooting up cocaine with your HCV-positive friend's syringe.			
3) Sharing cotton used for drawing a drug into a syringe.			
4) Donating blood.			
5) Using your HCV-infected sister's razor.			
6) Snorting cocaine with an HCV-infected friend's straw.			
7) Unprotected vaginal sex with a person known to have hepatitis C.			

Alternatives to Activity Two

Draw three columns on chalk board or chart paper and label with DEFINITE RISK, POSSIBLE RISK and NO RISK. Read each of the above items to the group and ask training participants to place the item under the column that best describes the risk level of the behavior.

Place signs that say DEFINITE RISK, POSSIBLE RISK, or NO RISK on three walls of the room. Write the above behaviors on separate sheets of paper and hand out one sheet per participant. Ask each person to stand under the sign that best represents the risk for their behavior. See if the others in the audience agree with the risk levels the participants chose.

Consider adding other examples to the list or ask the group to suggest other behaviors that are or are not risky.

ANSWER KEY

Hepatitis C Overview

ACTIVITY 2

How Risky Is It?

Indicate whether the following items pose a Definite Risk, Possible Risk, or No Risk of HCV infection.

	DEFINITE	POSSIBLE	NO RISK
1) Sharing a plate and a fork with a person who is infected with HCV. *Answer:* No Risk. Sharing a meal and utensils will not pass an infected person's blood into the other person's bloodstream.			✓
2) Shooting up cocaine with your HCV-positive friend's syringe. *Answer:* Definite Risk. Injecting with a syringe that is contaminated with HCV is the most efficient way of being infected with HCV.	✓		
3) Sharing cotton used for drawing a drug into a syringe. *Answer:* Definite Risk. If the person you are sharing with is HCV-infected, there is a good chance you can get infected. Most IDUs are already infected with HCV within 5 years of starting to inject, so the chance that you are sharing with an infected person is very high.	✓		
4) Donating blood. *Answer:* No Risk. Sterile equipment is used to draw blood.			✓
5) Using your HCV-infected sister's razor. *Answer:* Definite Risk. It is possible that a trace of blood from your infected sister's razor could enter your bloodstream if you were to cut yourself while shaving.	✓		
6) Snorting cocaine with an HCV-infected friend's straw. *Answer:* Possible Risk. Although HCV is not usually transmitted from sharing straws, it is possible that some of your friend's blood got onto the straw and then got into your bloodstream through a scratch in your nose.		✓	
7) Unprotected vaginal sex with a person known to have hepatitis C. *Answer:* Possible Risk. It is possible to become infected with HCV by having unprotected sex with an infected partner.		✓	

Why Integrate Hepatitis C Information into HIV/AIDS and Drug Prevention Education?

4

Why Integrate Hepatitis C Information Into HIV/AIDS and Drug Prevention Education?

Time Allotted: 30 minutes

OBJECTIVES

- To engage training participants in assessing which hepatitis C prevention messages are most important for their clients.
- To discuss methods of conveying hepatitis C prevention messages to clients, and how to overcome barriers to getting the message out.

ACTIVITIES

Activity 3: Hepatitis C Prevention Messages My Clients Need to Know *30 minutes*

This activity is subjective so there is no answer sheet. Ask the training participants to read the prevention messages and to think about which are most important for their clients and why. When writing their answers, they should consider effective strategies for relating those messages to their clients within the context of their work.

Facilitate a discussion with questions such as:
- What challenges would you face when conveying these messages?
- Are there any other hepatitis C prevention messages (on or not on the list) that you think are important for your clients to hear?
- What are some obstacles in your clients' lives that may interfere with getting your message across?
- Can anyone else think of another way to convey that message?
- What else might work?

PRESENTATION TIPS

- Read this section in preparation for emphasizing the importance of hepatitis C prevention in the participants' venue(s).
- Encourage participants to engage in a discussion about what they think may and may not work with their clients.

EDUCATIONAL TOOLS *See "Resources" section in Part 7.*

American Liver Foundation Brochure: Getting Hip to Hep

Why Integrate Hepatitis C Information Into HIV/AIDS and Drug Prevention Education?

Venues for Integrating Hepatitis C Prevention Messages

Similar modes of transmission between HIV and HCV present an important opportunity to integrate hepatitis C into HIV prevention education efforts. Any program whose patients or clients are at high risk for hepatitis C can use this manual to train their staff to integrate hepatitis C prevention messages into current outreach, counseling, treatment or educational efforts so that they are most meaningful to their clients. The goal of this section is to describe how hepatitis C prevention efforts can be made in venues where efforts to reduce the risk of illnesses such as HIV may easily integrate similar messages about preventing hepatitis C.

As part of a comprehensive hepatitis C prevention strategy (see The National Hepatitis C Prevention Strategy, CDC, 2001), programs who target clients at high risk for HCV infection may consider adding HCV screening and testing services, referrals to appropriate medical care, support groups and follow-up services for their clients.

DRUG PREVENTION AND DRUG TREATMENT PROGRAMS

KEY VENUE FOR HEPATITIS C PREVENTION:

1. **Drug Prevention and Treatment Programs**

Why?
IDUs are at highest risk.

Drug treatment programs of all types have a unique opportunity to educate participants at risk of hepatitis C.

- Drug treatment programs provide direct services to drug users who may have shared injection equipment or straws used for sniffing cocaine. Most IDUs who have injected for five years are infected with HCV, but although symptom-free, they are infectious. Staff at drug prevention and screening programs may provide referrals for screening and medical services, and consider discussing secondary prevention messages.
- Cocaine sniffers may be at increased risk for hepatitis C if they used a straw that was previously used by an HCV-infected person. Drug prevention and treatment programs can raise awareness about this potential risk.
- People who have had an STD or unprotected sex with multiple partners may be at increased risk for being infected with HCV.
- There is evidence that women who have unprotected sex with multiple partners are at increased risk of becoming infected with HCV.

Why Integrate Hepatitis C Information Into HIV/AIDS and Drug Prevention Education?

HIV PREVENTION AND HIV/AIDS TREATMENT PROGRAMS

- HIV and HCV have similar modes of transmission—primarily syringe sharing and sexual behaviors. Staff members who are already talking about reducing HIV risk behaviors can easily tailor those messages to include hepatitis C prevention messages.
- It is important to prevent HCV infection in people with HIV because:
  - HCV may progress faster in people with HIV.
  - The body may not absorb HIV medications as well when the liver is damaged by HCV.
  - People co-infected with HIV and HCV may get more severe side effects from their medications.
  - Some HIV medications don't interact well with some medications for hepatitis C.

KEY VENUE FOR HEPATITIS C PREVENTION:

2.

HIV/AIDS Prevention and Treatment Programs

Why?

- Similar prevention messages for HIV and HCV.
- Prevent HIV/HCV co-infection.

HARM REDUCTION AND SYRINGE EXCHANGE PROGRAMS

Harm reduction is a set of practical strategies that aims to reduce the negative consequences of drug use without necessarily requiring abstinence. Harm reduction strategies encourage safer use, managed use, or abstinence of drugs. The most common examples of harm reduction programs are syringe exchange programs (SEP), which provide IDUs with new, sterile syringes in exchange for used ones. IDUs who exchange at SEPs still inject drugs, but by using clean needles and syringes, they protect themselves from becoming infected with HIV, HCV, or other infectious diseases.

HCV is transmitted much in the same way as the AIDS virus is. Both HIV and HCV are transmitted most efficiently via injection with a contaminated syringe. In fact, more IDUs are infected with HCV than with HIV. For this reason, people who work with IDUs, such as employees and volunteers at harm reduction and syringe exchange programs, have the perfect opportunity to integrate hepatitis C prevention messages into their current work.

KEY VENUE FOR HEPATITIS C PREVENTION:

3.

Harm Reduction/Syringe Exchange Programs

Why?

- IDUs are at highest risk.
- Staff already distributes (exchanges) equipment and educates users about safe injection practices.

Why Integrate Hepatitis C Information Into HIV/AIDS and Drug Prevention Education?

- Syringe exchange programs (SEP) serve the people at greatest risk of acquiring HCV. After five years of injecting, up to 90% of new IDUs were infected with HCV. SEPs may be in a unique position to help IDUs learn their HCV status, protect their health, and take steps to prevent infecting others. SEP staff and peer educators often share risk reduction tips, which can be easily modified to include hepatitis C prevention messages.
- SEP and harm reduction programs already distribute sterile injection equipment and educate users about safe injection practices. Most of the prevention education provided to clients focuses on HIV, but it can easily be expanded to include hepatitis C prevention. Efforts to reach new injectors will help to prevent new cases of hepatitis C.
- Only when they are tested and know their status will HCV-positive people seek medical treatment, take steps to keep healthy, and take additional precautions to prevent infecting others. Because SEPs and harm reduction programs see so many injectors, they are in a critical position to encourage HCV testing. Some exchanges offer HCV testing on-site and others have succeeded in identifying local health departments or medical centers where participants can be referred for no- or low-cost testing.

SEXUALLY TRANSMITTED DISEASE (STD) CLINICS AND PRIMARY CARE SETTINGS

Health care professionals are often unaware of current information available regarding the prevention and treatment of hepatitis C. This manual will help providers tailor messages effectively for their populations and will provide resources for accessing educational materials and additional information. STD clinics may target their patients for hepatitis C risk reduction efforts because a person who has been infected with an STD may be at increased risk of acquiring HCV. Although not commonly transmitted sexually, having unprotected sex with multiple partners may increase the risk of becoming infected with HCV. There is also evidence that women who have had unprotected sex with multiple sex partners are at increased risk of becoming infected with HCV.

KEY VENUE FOR HEPATITIS C PREVENTION:

4. STD Clinics and Primary Care Settings

Why?

- People with a history of STDs or unprotected sex with multiple partners may be at risk.
- Women with a history of STDs or multiple partners may be at increased risk.

Why Integrate Hepatitis C Information Into HIV/AIDS and Drug Prevention Education?

- Existing programs at STD clinics and primary care settings that aim to identify people at risk of HIV may easily broaden their efforts to screen for risks associated with HCV infection. Screening and referral for medical evaluation may also be easily integrated into programs that already provide health care.
- In addition to the sexual risk associated with hepatitis C, it is possible for counselors or medical care providers in STD clinics and primary care settings to discuss the additional risk reduction measures that IDUs and cocaine sniffers can take.

HCV PREVENTION IN A PRISON SETTING

Because many injection drug users in the United States have been incarcerated, prisons and jails are uniquely positioned to provide hepatitis C prevention services to this high-risk population. Jails and prisons have a captive audience of people who may not be engaged with harm reduction services, drug treatment programs, or medical services in their communities. The opportunity to educate this hard to reach population makes prison settings ideal for conveying important prevention messages about hepatitis C. The prevention messages in this manual may easily be tailored to be useful to HIV prevention counselors and other staff in prison settings.

KEY VENUE FOR HEPATITIS C PREVENTION:

5.

Prison Setting

Why?

- More than 80% of IDUs in the U.S. have been incarcerated.
- HCV prevalence among prison inmates is 3-5 times greater than in the general population.

Why Integrate Hepatitis C Information Into HIV/AIDS and Drug Prevention Education?

ACTIVITY 3

Hepatitis C Prevention Messages My Clients Need to Know

We know that because social circumstances vary, some prevention messages may be more relevant than others. Please select what you believe to be the three most important prevention messages for your clients. For each message, write two sentences: one explaining why it is the most important message and the other describing what you could do to help your clients to "take that message home."

HEPATITIS C PREVENTION MESSAGES

- There is no vaccine for hepatitis C.
- Always use a new syringe each time you shoot up.
- Attend a risk reduction program.
- Bleach correctly.
- Consider entering a drug treatment program.
- Don't share cookers, water, drug solution, cotton or even tourniquets (ties).
- If you have multiple sex partners, use a latex condom every time.
- Ask your health care provider about getting vaccinated against HAV and HBV.
- Get tested for HCV.

Message 1 _____

Why it's important:

How can I convey this message to my clients?

Message 2 _____

Why it's important:

How can I convey this message to my clients?

Message 3 _____

Why it's important:

How can I convey this message to my clients?

Themes for Integrating Hepatitis C Prevention Messages

5

Themes for Integrating Hepatitis C Prevention Messages

Time Allotted: 30 minutes

OBJECTIVES

To facilitate the integration of hepatitis C prevention messages by identifying common themes that may easily link hepatitis C prevention messages to the training participants' current work.

ACTIVITY

Select one of the following two activities for your group.

Activity 4

Similarities and Differences between HIV and HCV. *30 minutes*

This tool provides a conceptual link between the familiar aspects of HIV and the newly introduced parallel characteristics of HCV. It is intended as a worksheet that can be filled in as a group.

Instructions: Read the HIV characteristic and ask the training participants to give a parallel response for HCV.

Activity 5

To Test or Not to Test. *30 minutes*

People deciding whether to test for HIV (and HCV) must balance concerns about their health with the possibility of learning they are infected with a serious disease. This activity helps training participants to recognize those issues and to help the client consider the pros and cons of testing.

Instructions: Draw two columns on the board or newsprint and ask the group to suggest reasons their clients might want to test, and reasons they may be reluctant to test.

PRESENTATION TIPS

- To encourage audience participation, ask the training participants what else they would add to the chart (Activity 4) or to the list (Activity 5).

EDUCATIONAL TOOLS *See "Resources" section in Part 7.*

American Liver Foundation Brochure: The Hepatitis Information You Need to Know (T.H.I.N.K.)

Themes for Integrating Hepatitis C Prevention Messages

ACTIVITY 4

Similarities and Differences Between HIV and HCV.

Review the characteristics of HIV and write in the answers for HCV.

	HIV
Type of infection	Blood-borne virus that affects the immune system.
Which bodily fluid has it?	Blood, semen, vaginal fluid.
How is it most often transmitted?	• Injection drug use with an HIV-infected syringe. • Use of contaminated mixing or rinse water, cotton, or cookers. • Unprotected vaginal or anal sex with infected partner.
How is it prevented?	• Not sharing syringes. • Using a clean syringe every time. • Not having sex with multiple partners or using a latex condom every time.
Vaccine	None.
Treatment	Effective treatment is available.
Symptoms	Flu-like symptoms or none at first. AIDS symptoms include weight loss, pneumonia, TB, thrush, cancers such as Kaposi's Sarcoma, and/or other opportunistic infections.
Progression	Chronic condition for most. 10-15 years to meet the AIDS definition; improved medicines slow the progression to AIDS.
What is the screening test?	A simple blood test. If positive, a confirmatory test is done.

Themes for Integrating Hepatitis C Prevention Messages

ACTIVITY 4

Similarities and Differences Between HIV and HCV.

Review the characteristics of HIV and write in the answers for HCV.

	HCV
Type of infection	
Which bodily fluid has it?	
How is it most often transmitted?	
How is it prevented?	
Vaccine	
Treatment	
Symptoms	
Progression	
What is the screening test?	

ANSWER KEY

Themes for Integrating Hepatitis C Prevention Messages

ACTIVITY 4

Similarities and Differences Between HIV and HCV.

Review the characteristics of HIV and write in the answers for HCV.

	HIV	HCV
Type of infection	Blood-borne virus that affects the immune system.	Blood-borne virus that affects the liver.
Which bodily fluid has it?	Blood, semen, vaginal fluid.	Blood, semen, vaginal fluid.
How is it most often transmitted?	• Injection drug use with HIV-infected syringe. • Use of contaminated mixing or rinse water, cotton and cookers. • Unprotected vaginal or anal sex with infected partner.	• Injection drug use with HCV-infected syringe. • Use of contaminated mixing or rinse water, cotton and cookers.
How is it prevented?	• Not sharing syringes. • Using a clean syringe every time. • Not sharing cookers, cotton or water. • Not having sex with multiple partners or using a latex condom every time.	• Not sharing syringes. • Using a clean syringe every time. • Not sharing cookers, cotton or water. • Not having sex with multiple partners or using a latex condom every time. • Not using other people's razors or toothbrushes. • Not sharing straws (for sniffing cocaine).
Vaccine	None.	None.
Treatment	Effective treatment is available.	Treatment is limited, but improving.
Symptoms	Flu-like symptoms or none at first. AIDS symptoms include weight loss, pneumonia, TB, thrush, cancers such as Kaposi's Sarcoma, and/or other opportunistic infections.	Usually none at first. Later symptoms include fatigue, flu-like symptoms, lack of concentration, yellow coloring (jaundice), depression, and liver pain.
Progression	Chronic condition for most. 10-15 years to meet the AIDS definition; improved medicines slow the progression to AIDS.	Chronic condition for most. 15-20 years to develop symptoms; can cause cirrhosis; can lead to cancer.
What is the screening test?	A simple blood test. If positive, a confirmatory blood test is done.	A simple blood test. If positive, additional tests are done.

Themes for Integrating Hepatitis C Prevention Messages

ACTIVITY 5

To Test or Not to Test for HCV

Consider the reasons why people do and do not want to be tested for HCV and list them in the columns below.

REASONS PEOPLE DO NOT WANT TO TEST	REASONS PEOPLE WANT TO TEST

ANSWER KEY

Themes for Integrating Hepatitis C Prevention Messages

ACTIVITY 5

To Test or Not to Test for HCV

Consider the reasons why people do and do not want to be tested for HCV and list them in the columns below.

REASONS PEOPLE DO NOT WANT TO TEST	REASONS PEOPLE WANT TO TEST
• I don't want to know. • I'm afraid to bring up the past (a history of injection drug use). • Treatment is too expensive. • Treatment may not work for me. • I heard that the medication for hepatitis C makes you feel sick. • The test is too expensive. • I don't know where to go for testing. • I feel fine. • I'm afraid to find out I am positive. • People will treat me differently if I am positive. • I'm afraid the test results will not be kept confidential. • I already have HIV.	• I do want to know. • I feel fine, but I could still be HCV positive and if I am, I don't want to give it to anyone else. • I'm worried that the tattoo artist may not have sterilized the needle first. • If I test positive, then I should really stop drinking so much. • I heard there are new treatments that work better than before. • I have HIV. I need to know if I have hepatitis C so I can make informed decisions about my treatment. • I just found out the guy I used to shoot up with has hepatitis C.

TAKE TESTING TO AT-RISK COMMUNITIES.

Participants in hepatitis C-prevention focus groups said that trainers lost credibility when they emphasized the importance of getting tested, but did not know of a testing site. It is important to check with the local health department or hospital for HCV screening and medical resources in the area.

Post-training Summary

6

Post-Training Summary

Time Allotted: 25 minutes

OBJECTIVES

- To summarize what was learned in the training session.
- To administer and collect the post-training questionnaire.

ACTIVITIES

Briefly Review the Topics That Were Presented Today *5 minutes*

- Facts about hepatitis C, how it is transmitted, how it can be prevented, who should be tested, and how to screen for and treat the disease.
- Understanding the importance of preventing HIV/HCV co-infection.
- The reason to integrate hepatitis C prevention messages.
- Effective strategies for teaching those messages to the clients.

Review Materials *5 minutes*

- The workbook as a resource.
- Any educational tools distributed during the training.
- Copies of activities and/or answer sheets for review or for clients.
- See Part 7 for additional resources.

Question and Answer Period *10 minutes*

Review or clarify any confusing points.

Post-training Questionnaire *5 minutes*

Again, emphasize that the post-training questionnaires are anonymous. Collect the questionnaires before ending the training session.

PRESENTATION TIPS

Ask the training participants to recap important points that had been raised in the discussion about hepatitis C integration:

- What are some things we think our clients need to learn about hepatitis C?
- What are some of the best ways to get those messages across?
- Be sure to ask if there are any final questions or comments.

EDUCATIONAL TOOLS *See "Resources" section in Part 7.*

American Liver Foundation Brochure: Getting Hip to Hep

Post-Training Summary

Post-training Questionnaire

_____ _____ _____ _____

This questionnaire is anonymous. Enter any four-digit code of numbers or letters in the spaces above. Repeat the same code that you used on the pre-training questionnaire. Indicate how you feel about the following statements by checking the box that shows how much you agree or disagree.

	AGREE		DISAGREE	
	Strongly	Somewhat	Somewhat	Strongly
Drug users are so busy trying to get money to buy drugs that they don't have time to pay attention to warnings about hepatitis C.				
Treatment for hepatitis C makes you feel more sick than the disease itself.				
I know about who is at risk for hepatitis C and how to prevent it.				
It would be easy to incorporate hepatitis C prevention messages into the work I am currently doing.				
Most people would be tested for hepatitis C if they were offered the test for free.				

Please circle T for True and F for False for the following statements.

T **F** HCV can be transmitted by coughing, just like tuberculosis.

T **F** It's easier to get HCV than it is to get HIV– the AIDS virus.

T **F** HCV can be spread by using the same rinse water as an infected person when shooting up drugs.

T **F** There is a vaccine that protects against HCV.

T **F** Up to 90% of people who have injected drugs for 5 years or more have hepatitis C.

T **F** Most people who are infected with HCV have no symptoms at first.

T **F** 3.9 million people in the U.S. have been infected with HCV.

T **F** Most people who are HCV infected will not get sick.

T **F** Of the people who do get sick, it can take as long as 15 - 20 years for HCV to cause significant liver damage.

Other comments: _____

_____

_____

FAQ, Hepatitis C Resources, Glossary, Bibliography, Educational Tools and Order Form

7

Hepatitis C: Frequently Asked Questions

Q: How common is hepatitis C?

A: Hepatitis C is the most common, chronic, bloodborne infection in the United States. The CDC reports that HCV causes 8,000-10,000 deaths per year, and the number is expected to increase greatly in the next 10-20 years. Currently, 2.7 million Americans are chronically infected with hepatitis C virus (HCV). Most do not know they are infected because they do not have symptoms. However, they are infectious and may unknowingly be spreading the disease to others.

Q: What are differences between hepatitis A, B and C?

A: Hepatitis C is sometimes confused with hepatitis A or B virus (HAV, HBV), two viruses which can be prevented by vaccination. People with HAV infection or HBV infection may not have any symptoms or may just feel like they have the flu. HAV is usually transmitted through household contact with an infected person or by eating food, raw shellfish such as clams, or drinking water that is contaminated with the virus. The virus can be spread at daycare centers, if, when diapering children, their feces come into contact with others. It can also be spread by sexual contact, or by sharing syringes. HAV is never chronic and most people recover completely, although death from hepatitis A does occur. HBV is transmitted sexually through exposure to blood, semen, vaginal secretions, and open sores. It is not spread casually. About 6% of HBV-infected adults develop long-term infection that can lead to severe liver damage, cirrhosis, or death.

Q: I remember hearing about non-A, non-B, hepatitis. What is that?

A: In the 1960's, an unidentified type of hepatitis, originally called non-A, non-B hepatitis, had infected many post-transfusion patients. In 1988 it was discovered that the hepatitis C virus was the primary cause of non-A, non-B hepatitis. HCV is now rarely transmitted via blood transfusions because, since 1992, blood has been screened and infected blood has been removed from the blood supply. Similarly, the screening process has virtually eliminated the risk of acquiring HCV from transplantation.

Q: How does hepatitis C affect the liver?

A: HCV is a bloodborne (transmitted via contact with blood) virus that affects the liver, the largest organ in the body. The liver's job is to process everything that is eaten, breathed, and absorbed through the skin. It converts food into nutrients, stores vitamins, minerals and sugars, produces bile, and detoxifies substances that are harmful to the body. Over time, the hepatitis C virus can cause scarring and other damage to the liver.

Hepatitis C: Frequently Asked Questions

Q: What happens to the people who are infected with the hepatitis C virus?

A: Out of 100 people who become infected with HCV, approximately:
- 15 clear the virus without treatment.
- 85 develop long-term infection.

Of those 85,
- 70 may develop chronic liver disease.
- 15 may develop cirrhosis, or scarring of the liver, over a period of 20-30 years.

Less than 3% die from the consequences of long-term infection (liver cancer or cirrhosis).

Q: How will I know if I have the hepatitis C virus?

A: Most people who are infected with HCV do not know it because they have no symptoms. Therefore, they can unknowingly spread the disease to others. Until recently, the word was not out about hepatitis C. Now people recognize the danger of the disease. Screening tests are becoming more widely available, and better treatments are being developed.

Q: How do people get infected with HCV?

A: How is HCV transmitted? HCV is passed from one person to another when one person's HCV-infected blood enters the bloodstream of another person.

Established risk factors for HCV
- Injection drug use with a shared syringe, even once, long ago.
- Transfusion of blood or blood products before July, 1992.
- Blood making contact with cuts or broken skin.
- Kidney dialysis.

Uncertain risk factors for HCV
- Unprotected sex with multiple partners.
- Unsterile tattoo or body piercing practices.
- Cocaine snorted with shared straw.
- Unprotected sex with just one long-term partner who is infected with HCV.
- Sharing razors and toothbrushes.

HCV is not spread by
- Sneezing, hugging, coughing, food or water, breastfeeding, sharing eating utensils or drinking glasses or casual contact.

HCV Cases Associated with Risk Factors
- 60% injection drug use.
- 15% sexual risk.
- 10% transfusion of blood or blood products (before 1992).
- 10% unknown.
- 5% mother-to-child (perinatal); health care workers; nosocomial.

Injection Drug Use and HCV Transmission

HCV is very efficiently and quickly transmitted via injection drug use with an infected syringe. HCV is four times more common than HIV, and studies have shown that 60-90% of IDUs who have injected drugs for five years are infected with HCV.

Hepatitis C: Frequently Asked Questions

Q: Can people get infected with the hepatitis C virus from having unprotected sex?

A: HCV is sexually transmitted, but not very easily. Transmission is rare between long-term steady partners, and it is still unknown what factors contribute to sexual transmission. However, like most sexually transmitted diseases, women are more susceptible than men to being infected from sexual contact with an infected partner. More research is needed to learn which factors contribute to the sexual transmission of the hepatitis C virus.

Q: How can hepatitis C be prevented among IDUs?

A: Injection drug use is a risk factor in 60% of the new HCV infections in the United States. IDUs are encouraged to:

1) Always use a new syringe for each injection.

2) If a new syringe is not available, bleach syringes carefully. In practice, bleach may not effectively kill HCV. Research shows that IDUs did not leave bleach in their syringes long enough to kill HIV. The same may be true of HCV. Only bleach if you must inject drugs before you can get a new syringe.

3) Don't share or reuse cookers, water, cotton or even tourniquets (i.e., ties, belts). Since bleach may not effectively kill HCV, try not to share any equipment.

Q: What is the correct method for bleaching syringes?

A: *Step 1:* **Rinse**. Fill the syringe with clean water by pulling back on plunger. Shake the syringe and squirt the water out. Repeat twice with new water.

Step 2: **Bleach**. Fill the syringe with full strength bleach and shake. Leave for 30 seconds; use a watch with a second hand to be sure. Squirt the bleach out through the syringe. Repeat bleaching two more times, each for 30 seconds.

Step 3: **Rinse**. Rinse the syringe three more times with clean water. Keep rinse water apart from water used to prepare drugs.

Q: How can hepatitis C be prevented among non-injectors?

A: Limit unprotected sex. Make every effort to use a latex condom every time. Although HCV is not easily transmitted sexually, it is believed that 10-20% of new infections have occurred because of sexual intercourse with an infected partner.

Hepatitis C: Frequently Asked Questions

Q: What other precautions can IDUs take?

A:

1) IDUs should be tested for HCV because there is a good chance that they are already HCV-infected. If they test positive, they will need to get medical care, take steps to keep healthy, and prevent transmitting HCV to others.

2) It is recommended that IDUs be vaccinated against HAV and HBV. The hepatitis A and hepatitis B viruses can damage the liver. Getting vaccinated against HAV and HBV will protect your liver from these diseases.

Q: How can HCV-infected people stay healthy?

A:

1) See a health care provider. Do not take any medications, including over-the-counter and herbal medicines, before consulting with your health care provider. It is best to see a hepatologist (doctor who specializes in liver diseases), a gastroenterologist (doctor who specializes in digestive diseases), or for the health care provider to consult with one of these specialists.

2) Be aware that alcohol can be toxic to the liver. Patients with hepatitis C are more sensitive to the toxic effects of alcohol. Drinking as few as 1-2 drinks per day can damage the liver, allowing hepatitis C to progress faster.

3) Get vaccinated. Check with a health care provider about getting vaccinated against the hepatitis A virus (HAV) and the hepatitis B virus (HBV), steps that can protect the body from other liver-damaging viruses.

4) Consider entering a drug treatment program (if addicted to alcohol or other drugs). Reducing the amount and toxicity of the substances that enter the body will help keep the liver as strong as possible.

5) Attend a risk reduction program to get help reducing alcohol and drug intake. Not only do risk reduction programs offer free syringes, but they also can recommend ways to reduce drug toxicity or to better manage drug use. Many programs offer stress-reducing therapies such as acupuncture and Reiki that may reduce drug cravings.

6) Eat healthy foods, get rest, exercise, and relax. Taking care of the body will help to strengthen the liver and prevent hepatitis C from progressing.

7) Get support. Most people with hepatitis C have no symptoms, but others feel very fatigued or depressed. Getting hepatitis C can be scary and overwhelming. Mentoring and support groups may help a person make life-altering decisions.

Hepatitis C: Frequently Asked Questions

Q: How can HCV-infected people protect others from the disease?

A: The same measures that can be taken to prevent being infected with HCV can also be taken to protect others.

1) Do not share syringes, cookers, water, cotton, ties, etc.

2) Do not donate blood, body organs, other tissue or sperm.

3) Be sure to cover cuts and sores on the skin.

4) Use latex condoms and tell partners you are HCV-positive.

5) Do not share razors, toothbrushes, or other personal items that may have blood on them.

6) Do not share straws used to sniff cocaine.

Q: Who Should be Tested for HCV?

A: HCV infection can occur to a person of any age.

People with any of these risk factors should be tested for HCV:

- Anyone who ever shared a syringe when injecting drugs, even once, long ago.
- Anyone who received a blood transfusion before July, 1992.
- Anyone who ever received long-term kidney dialysis.
- Anyone with unexplained liver disease or several abnormal liver tests.

Post-exposure testing for HCV should be done for:

- Children born to HCV-positive mothers.
- Health care workers who have been stuck by a contaminated needle or had other occupational exposures. (There is no post-exposure treatment immediately for HCV).

Q: Is HCV testing recommended for everyone with a risk factor?

A: No. Although probably not at risk, people with the following risk factors may consider testing.

- People with a history of sexually transmitted diseases.
- People who have had unprotected sex with multiple partners.
- People who have had tattoos or body piercings with unsterile equipment (especially in prison).
- People who have shared straws.*
- Vietnam era veterans.*
- Long-term steady partners of HCV-positive people.*

** The CDC does not consider these to be significant risks.*

Q: What tests are used to diagnose HCV?

A: The screening test for HCV is a blood test that tells whether the body has developed antibodies to the hepatitis C virus. If positive, the test must be confirmed by a second blood test that rules out a false positive test result.

Hepatitis C: Frequently Asked Questions

Q: What is the viral load test?

A: After a person is confirmed to have the hepatitis C infection, viral load tests may be done to determine the concentration of HCV in the blood.

Q: What is the genotype test used for?

A: The genotype test determines which of the six types of HCV a person has. Genotypes describe which "family" a person's virus belongs to. Types 1a and 1b are the hardest to treat and are the most common types in the United States. Health care providers usually request this test only when a patient is a likely candidate for treatment because it helps the provider to assess the most effective course of treatment.

Q: What do liver enzyme tests do?

A: Liver enzyme tests are blood tests which measure the amount of inflammation in the liver (ALT, AST).

Q: Why are liver biopsies sometimes recommended?

A: A liver biopsy is done to determine if there is inflammation (fibrosis) or scarring (cirrhosis) of the liver. It is the only way to accurately determine the actual condition of the liver tissue. The procedure involves inserting a needle into the liver and taking a small tissue sample to test for damage to the liver.

Q: What treatment options are available?

A: In the past few years, substantial developments have been made in the treatment of chronic hepatitis C. New compounds have been developed resulting in improved outcomes.

Pegylated interferon

Pegylated (PEG) interferon is the current state-of-the-art treatment for hepatitis C. PEG interferon, a time-released drug, was approved by the FDA in February, 2001. Many health care providers are now using PEG interferon combined with ribavirin for improved results.

Treatment with alpha interferon

Several forms of alpha interferon are available. Interferon is injected under the skin three times per week for up to a year.

Combination therapy with alpha interferon and ribavirin

Ribavirin, an antiviral medication, is taken orally in addition to the alpha interferon injections. People who have type 2 or type 3 tend to have a higher response to combination treatment.

Hepatitis C: Frequently Asked Questions

Q: Is it true that the side effects of the medication are severe?

A: Antiviral medications have potentially severe side effects. The interferons can cause flu-like symptoms, muscle and joint pain, nausea, fatigue, anxiety, personality changes, withdrawal symptoms (some patients say interferon reduces the effect of methadone), depression, and even suicide. Interferon has been known to cause relapse in people with a history of drug or alcohol abuse. Ribavirin can cause severe anemia and birth defects, and is therefore not used to treat pregnant women.

Q: Are better medications on the way?

A: New and improved medications are continually developed by drug companies.

Q: Are there experimental drugs for patients who want to try new treatments?

A: Drug companies are working to develop and test new and better drugs to treat hepatitis C. Eligible patients may enroll in a study, or clinical trial, in order to receive experimental drugs. The patient receives free medication and medical care, and may benefit from a newer, more effective treatment. Eligibility criteria for clinical trials vary.

Q: Do any holistic remedies work?

A: Some people choose holistic remedies such as milk thistle, dandelion, garlic, and licorice root to treat or control the symptoms of hepatitis C. Acupuncture and Qi Gong have been used to promote the health of those who are infected. Increasing exercise, decreasing stress, eating well-balanced meals, drinking plenty of water, and preventing toxins from entering the body help to keep the liver healthy. Always speak to a health care provider before taking any medications, including herbs.

Q: Are support groups important for hepatitis C patients?

A: Hepatitis C is a serious illness that can be frightening and may cause anxiety. Support groups can help those infected to better understand the disease, learn what questions to ask, consider treatment options, and make lifestyle changes that will help them remain as healthy as possible. Support groups can help reduce anxiety and provide leads to additional resources.

Hepatitis C: Frequently Asked Questions

Q: What do I need to know about HCV and HIV Co-Infection?

A: It is estimated that up to 240,000 people are now co-infected with HIV and HCV in the United States. Co-infection with HIV and HCV is common, especially among IDUs. Hepatitis C may progress more rapidly in people who are co-infected with HIV. Although HCV does not make HIV progress faster, the liver damage caused by HCV may interfere with the body's ability to utilize HIV medicines.

Q: What special care should an HIV/HCV co-infected person get?

A: An HIV positive person with confirmed HCV co-infection should:

- Ask their health care provider about being vaccinated against HAV and HBV (if at risk) to prevent further damage to the liver.
- Receive care from a specialist who has expertise in both HIV and hepatitis C, or, if one is not available, be sure their health care provider consults with specialists of both diseases.
- Do everything possible to slow the progress of liver damage.
  - Limit or stop all alcohol consumption.
  - Eat nutritious meals.
  - Exercise.
  - Reduce stress.
  - Discuss treatment options with their medical care provider.

Q: What treatments are available for people with HIV/HCV Co-infection?

A: More research is needed to determine effective treatments for people with both HCV and HIV. Treatment of co-infected people must take into consideration how the medications and conditions of both diseases affect the patient.

Resources

PRINT

American Liver Foundation
Books, fact sheets and brochures.
Call 1 800 GO LIVER (465-4837) or www.liverfoundation.org

Centers for Disease Control and Prevention
Fact sheets, brochures and other publications.
Call 1 800 4HEPCDC (443-7232) or www.cdc.gov

Hepatitis Magazine
Call 1 877 943-7284 ext. 149 or www.hepatitismag.com

WEB

American Liver Foundation ..... www.liverfoundation.org
American Social Health Association ..... www.ashastd.org
Centers for Disease Control and Prevention ..... www.cdc.gov
Hepatitis Foundation International ..... www.hepfi.org
HIV and Hepatitis ..... www.hivandhepatitis.com
Immunization Action Coalition ..... www.immunize.org
National Association of County and City Health Officials ..... www.naccho.org
National Commission on Correctional Health Care ..... www.ncchc.org
National Digestive Diseases Information Clearinghouse ..... www.niddk.nih.gov
National Minority AIDS Council ..... www.nmac.org

TELEPHONE

American Liver Foundation ..... 1 800 GO LIVER (465-4837)
CDC National Hepatitis Hotline 1 888 4HEPCDC (443-7232)
National Digestive Diseases Information Clearinghouse 1 800 891-5389
National Immunization Program ..... 1 800 CDC-Shot (232-7468)

SUPPORT GROUPS

For additional resources in your area, check the **web connections** of the sites listed above or search for HCV support in your city; call the **American Liver Foundation** at 1 800 GO LIVER or check your **local phone book** for more information.

Glossary

AIDS: Acquired immunodeficiency syndrome (AIDS) is a fatal disease that attacks the body's immune system.

ALT/AST: Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) are enzymes made by the liver. When the liver is damaged, ALT/AST leak into the bloodstream, causing levels to rise. Testing these levels can identify the presence of liver damage.

Baseline test for the hepatitis C virus (HCV): A blood test to measure liver function at the discovery or onset of the disease that is compared to later test results to determine disease progression or the effectiveness of treatment.

Blood-borne virus: A virus that is spread primarily by contact with blood.

Chronic hepatitis C infection: Diagnosed when anti-HCV is present and liver enzymes remain elevated for more than 6 months.

CD4 cells (T-cells): The watchdogs of the body that signal white blood cells to attack. CD4 cells are a type of T-cell. HIV kills CD4 cells making the T-cell count go down. If the T-cell count falls below 200, an HIV-positive person is considered to have AIDS.

Cirrhosis: Scarring of the liver that has been inflamed for a long time, preventing the liver from functioning normally. It is often a symptom of hepatitis C.

Combination Therapy: Treatment for hepatitis C that includes interferon and ribavirin.

Genotype test: A blood test that determines which of the six types of HCV a person has. A genotype refers to the genetic makeup of the virus and describes the "family" to which the specific virus belongs.

Hemodialysis: Also known as kidney dialysis, is a mechanical process that removes the blood from the body, eliminates toxins from the blood, and returns it back into the body.

Hepatitis A: One of five known viruses that cause inflammation of the liver (the others are B, C, D, and E). Transmission is usually by personal contact with an infected person. Symptoms are mild, if any, the virus is never chronic and usually does not cause death. A vaccine can prevent the hepatitis A virus (HAV).

Hepatitis B: A virus that affects the liver, and is transmitted sexually through exposure to infected blood, semen, vaginal secretions, or open sores. It is not spread casually. Symptoms are usually mild, if any, but about 6% of infected adults develop long-term (chronic) infections that can cause severe damage to the liver, or even death. A vaccine can prevent the hepatitis B virus (HBV).

Glossary

Hepatitis C: A blood-borne disease that affects the liver, and becomes chronic in 75-85% of the cases. It is most commonly transmitted by syringe sharing, high-risk sexual behavior, and blood transfusions (before 1992). The virus invades the liver, causing inflammation that results in damage to the liver. There is no vaccine for the hepatitis C virus (HCV).

HIV: The human immunodeficiency virus is a blood-borne virus that causes AIDS. It impairs the body's immune system and its ability to fight off other diseases known as opportunistic diseases.

HIV/HCV Co-infection: This is when a person is infected with both HIV and HCV.

IDUs: Injection drug users are people who inject (usually illicit) drugs such as heroin, cocaine, speed or steroids into a vein, muscle, or under their skin.

Interferon: A protein that helps the body fight infections. It occurs naturally in the body and is also a medication used to treat illnesses such as hepatitis C.

Jaundice: A symptom of hepatitis, this condition makes the skin and eyes turn yellow.

Liver biopsy: A test done by inserting a needle into the liver and taking a small sample to test for damage to the liver. It is the only way to accurately determine the condition of the liver.

Liver enzyme tests: These blood tests measure the amount of inflammation in the liver (ALT, AST).

Liver transplant: The removal of a person's severely damaged liver and replacement with either the liver from a person who has recently died or a part of a living donor's liver.

Monotherapy: Treatment for hepatitis C with interferon only.

Ribavirin: An antiviral medication that is not effective by itself, but when combined with interferon, improves the effectiveness of interferon at combating hepatitis C.

SEPs: Syringe exchange programs are storefronts, vans or street-based programs where injection drug users can trade a used (and potentially contaminated) syringe for a sterile one.

Sustained Response: A person's successful response to HCV antiviral medications is considered "sustained" if the virus is not present in the blood and if ALT levels remain favorable at least one year after treatment has stopped.

Viral load test: A blood test that measures the concentration of hepatitis C virus in the blood. Numbers reported on the viral load test for HCV do not have the same value as those reported on other viral load tests (e.g. HIV).

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Educational Tools and Order Form

Educational Tools and Order Form

Many materials are also available online at www.liverfoundation.org.

Printed Workbook and Manual

	QUANTITY		QUANTITY
HIT'M Workbooks **($6.00 includes shipping)**		HIT'M Training Manual **($27.50 incl. ship.)**	

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	QUANTITY		QUANTITY
Getting Hip to Hep *(English)*		Hepatitis B: Your Child at Risk	
Getting Hip to Hep *(Spanish–Lo Que Debe Saber Sobre las Hepatitis A, B y C)*		Hepatitis C: An Information Resource	
T.H.I.N.K.–The Hepatitis Information You Need to Know Targeting Injection Drug Users (IDUs)		T.H.I.N.K. *(African American-English)*	
T.H.I.N.K.–The Hepatitis Information You Need to Know – *General*		T.H.I.N.K. *(Chinese Language)*	
Cirrhosis: Many Causes		T.H.I.N.K. *(Korean Language)*	
Cirrhosis: Many Causes *(Spanish–La cirrhosis: sus muchas causas)*		T.H.I.N.K. *(Latin American–English)*	
Diet & Your Liver		T.H.I.N.K. *(Latin American–Spanish)*	
Facts on Liver Transplantation		T.H.I.N.K. *(Men who have sex with men)*	
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		Veterans: The War Against Hepatitis C	
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Drug-Induced Liver Injury		Living Donor Transplantation	
Hepatitis A		Pregnancy and the Liver	
Hepatitis B		Vaccination for Hepatitis A and B	
Hepatitis B: Breaking the Cycle of Infection from Mother to Newborn		Your Liver Treats You Right	

Educational Tools and Order Form

Publications – Miscellaneous

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Love Your Liver Coloring Book for Children **($2.00 each; bulk $0.75 each)**		Info Kits for Healthcare Professionals **($15.00 each)**	
Love Your Liver Coloring Book for Children **(Spanish – prices as above)**		Organ Donor Cards **(no charge)**	
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2) Pay by check or credit card. *Make checks payable to the American Liver Foundation*
3) Fax your order to the ALF Distribution Center at 973 256-3214 or send your order to: 1425 Pompton Avenue, Suite 3 Cedar Grove, NJ 07009-1000
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HIT'M Workbook

8

HIT'M

Hepatitis Integration Training Manual

Workbook & Self-Study Guide

HEPATITIS C PREVENTION

→ HIV/AIDS

→ STD

→ HARM REDUCTION

→ DRUG TREATMENT

American Liver Foundation

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Table of Contents

The Road to Integration

THIS WORKBOOK accompanies the HIT'M (Hepatitis Integration Training Manual), published by the American Liver Foundation (see Part 7 for further information). It can also serve as a self-study guide for you to learn about hepatitis C. The purpose of the curriculum is to guide you, the HIV prevention educator, HIV/AIDS treatment provider, or drug treatment provider with the knowledge and tools needed to integrate hepatitis C virus (HCV) prevention messages into your work with clients at high risk.

This workbook aims to share information and HCV prevention messages in a clear, concise way so that you can learn about the disease and develop HCV-prevention messages that teach your clients about the risks of infection and about the ways to prevent becoming infected.

The goals of this workbook:

- To provide a basic understanding of hepatitis C.
- To provide a set of tools and resources that will equip you to integrate hepatitis C prevention messages into your work with clients.

Who Is This Workbook for?

This manual is for substance abuse counselors, educators, social workers, nurses, and outreach workers who would like to educate their clients about the risks of hepatitis C and how to prevent being infected. The workbook is also for drug prevention educators, drug treatment providers, harm reduction counselors and needle exchange staff who work with active and recovering injection drug users (IDUs). Nurses at a primary care center or STD clinic may use this workbook, as may case managers in a detention center.

The exercises in this workbook will prepare you to identify clients' risk factors for HCV, and to consider strategies to effectively integrate prevention messages specifically for your clients.

This workbook is for:

- HIV/AIDS prevention educators.
- HIV/AIDS treatment providers.
- Drug prevention educators.
- Drug treatment providers.
- Harm reduction counselors.
- Needle exchange staff and educators.
- Health care providers at STD clinics and primary care settings.
- Counselors and health care providers in prison settings.

The Road to Integration

How Do I Use This Workbook?

This workbook can be used in two ways: 1) as a complement to the 3-hour HIT'M training session, or 2) as a self-study guide for an individual who reads the resource section and completes the exercises. You can later use this workbook as a resource in your future efforts to promote HCV prevention. You may use any of the exercises or handouts to teach or review HCV prevention measures with your clients. You can review the information for yourself and just talk to your clients, or you can contact the resources in Part 7 for more information or to order educational tools from the American Liver Foundation.

The training is divided into six sections. The purpose of each section is described under the Objectives heading. An evaluation tool includes questionnaires that can be used to gauge your understanding of HCV prior to and after the training.

How Can I Keep Current?

This workbook provides the latest hepatitis C information available at this time. However, new research is continually published, making what seemed new old in no time. Research is currently underway to develop hepatitis C screening tests for outreach settings, and to better understand sexual risk, risk from non-injection drug use, tattooing, and body piercing. With a bit of effort, you can get the latest information about hepatitis C. You are advised to consult the resources listed in Part 7 to obtain updated information. Several Web sites are available on the internet, some of which offer "Listserv" services where you can sign up to receive a monthly newsletter or other "news" about hepatitis C. Hotlines also can provide the latest information by telephone (see Part 7).

The Road to Integration

The Curriculum

PART 2 Introduction and Pre-training Questionnaire

The purpose of the pre-training questionnaire is to measure your knowledge and attitudes about hepatitis C before beginning the workshop. After the training, you will be asked to repeat the questionnaire so that the trainer can assess the participants' understanding of hepatitis C and make any necessary adjustments to the curriculum. Individuals who use this as a self-study guide can use the questionnaires as self-tests.

PART 3 Hepatitis C Overview

Slide Show: A prepared slide show contains concrete hepatitis C information relevant to drug users and others at highest risk. The topics that will be covered:

- Differences between hepatitis A, B and C.
- Hepatitis C facts and risk factors.
- Who should and should not be tested for HCV.
- Prevention messages.
- Screening and treatment options.
- HIV/AIDS and hepatitis C co-infection.

Activity 1: Myth or Fact About HCV
Activity 2: How Risky Is It?

PART 4 Why Integrate Hepatitis C Information Into HIV/AIDS and Drug Prevention Education?

Activity 3: Hepatitis C Prevention Messages My Clients Need to Know. In this exercise, you will be asked to consider which HCV prevention messages are most meaningful to your clients, and discuss ways to convey those messages effectively.

PART 5 Themes for Integrating Hepatitis C Prevention Messages

The trainer will choose one of two activities that will help you to link hepatitis C prevention messages to your current work.
Activity 4: Similarities and Differences Between HIV and HCV
Activity 5: To Test or Not to Test for HCV

PART 6 Summary and Post-training Questionnaire

Review the lessons learned during the training.

PART 7 Resources

Frequently Asked Questions About Hepatitis C
Hepatitis C Resources
Glossary
Bibliography
Educational Tools and Order Form

Pre-Training Introduction

Pre-training Questionnaire

_____ _____ _____ _____

This questionnaire is anonymous. Enter any four-digit code of numbers or letters in the spaces above. You will be asked to repeat the same code on the post-training questionnaire. Indicate how you feel about the following statements by checking the box that shows how much you agree or disagree.

	AGREE		DISAGREE	
	Strongly	Somewhat	Somewhat	Strongly
Drug users are so busy trying to get money to buy drugs that they don't have time to pay attention to warnings about hepatitis C.				
Treatment for hepatitis C makes you feel more sick than the disease itself.				
I know about who is at risk for hepatitis C and how to prevent it.				
It would be easy to incorporate hepatitis C prevention messages into the work I am currently doing.				
Most people would be tested for the hepatitis C virus (HCV) if they were offered the test for free.				

Please circle T for True and F for False for the following statements.

T **F** HCV can be transmitted by coughing, just like tuberculosis.

T **F** It's easier to get the hepatitis C virus than it is to get HIV– the AIDS virus.

T **F** HCV can be spread by using the same rinse water as an infected person when shooting up drugs.

T **F** There is a vaccine that protects against hepatitis C.

T **F** Up to 90% of people who have injected drugs for 5 years or more have hepatitis C.

T **F** Most people who are infected with HCV have no symptoms at first.

T **F** 3.9 million people in the U.S. have been infected with HCV.

T **F** Most people who are HCV infected will not get sick.

T **F** Of the people who do get sick, it can take as long as 15 - 20 years for the hepatitis C virus to cause significant liver damage.

Please describe what you hope to learn today. _____

_____

_____

Hepatitis C Overview

OBJECTIVES

To learn the basic facts about hepatitis C, including: modes of transmission, prevention messages, screening recommendations, treatment options, and HIV/HCV co-infection.

ACTIVITIES

Slide Show

Space for notes is provided next to each slide in the workbook.

Activity 1: Myth or Fact about Hepatitis C

Review the statements and indicate whether each one is a myth or a fact.

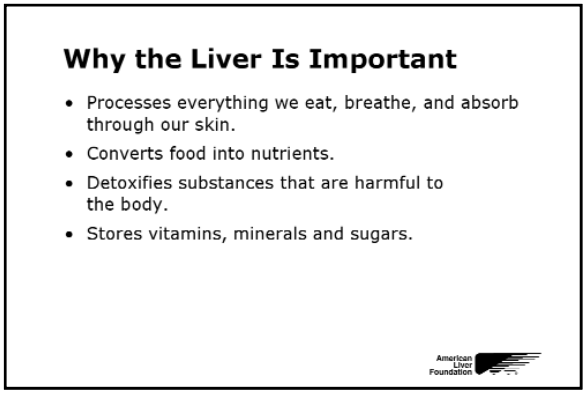
Activity 2: How Risky is it?

Review each item and indicate whether it poses a definite risk, possible risk, or no risk of HCV infection.

Hepatitis C Overview

Slide 1

Slide 2



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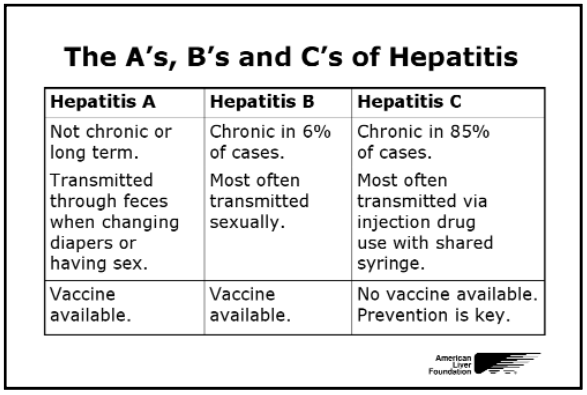
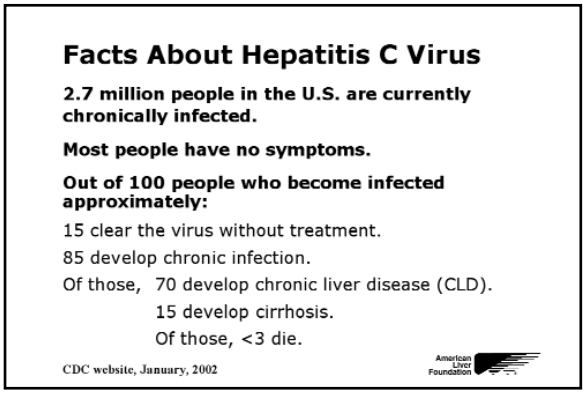


Hepatitis C Overview

Slide 4



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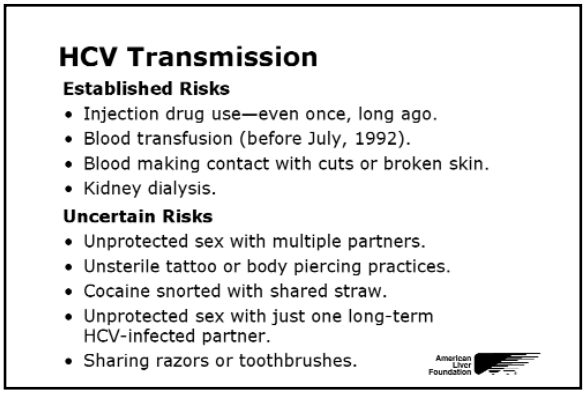

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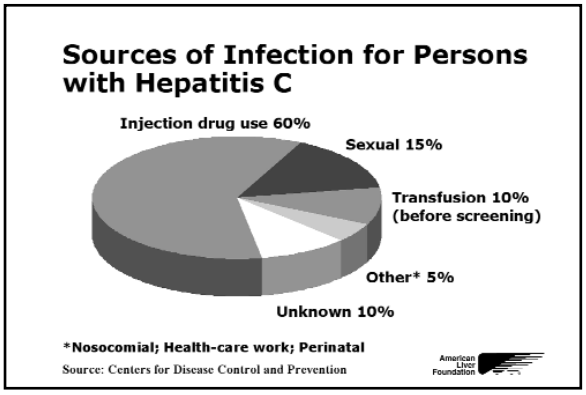
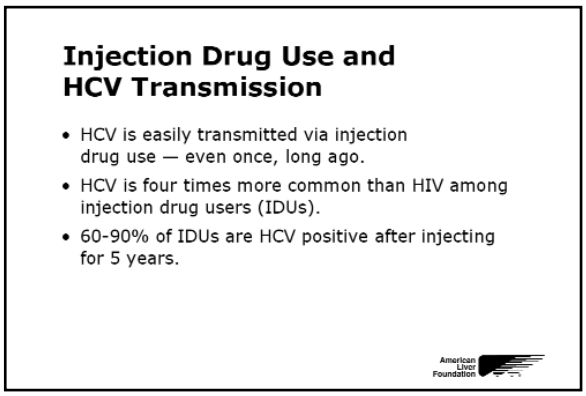


Hepatitis C Overview

Slide 7



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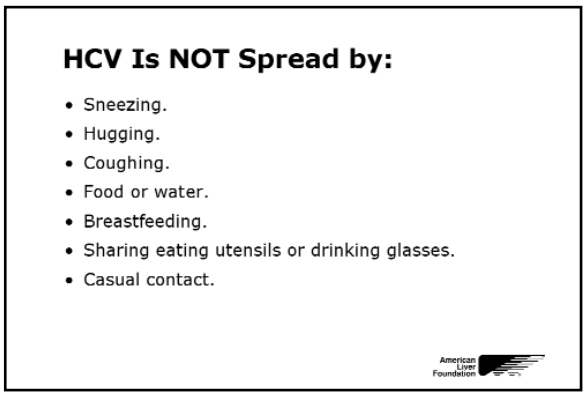

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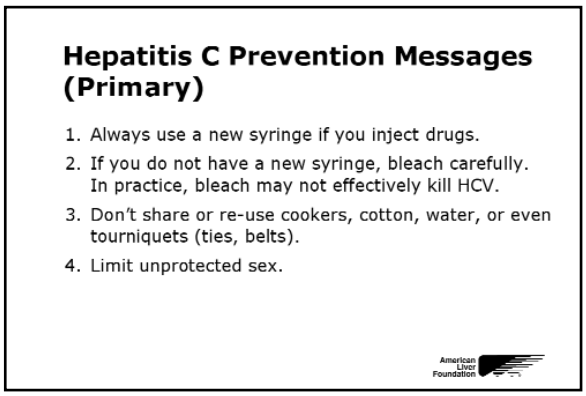
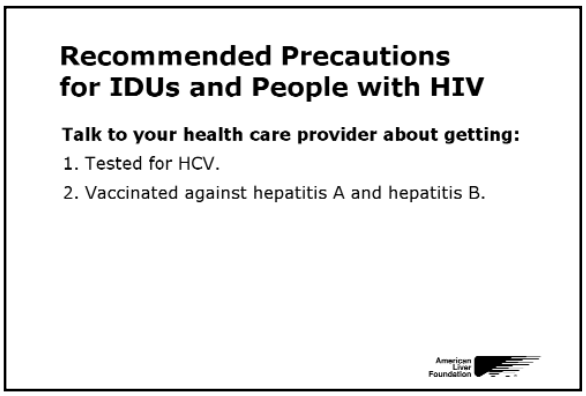


Hepatitis C Overview

Slide 10



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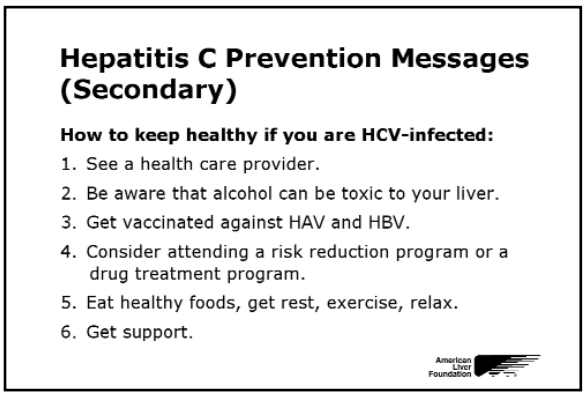

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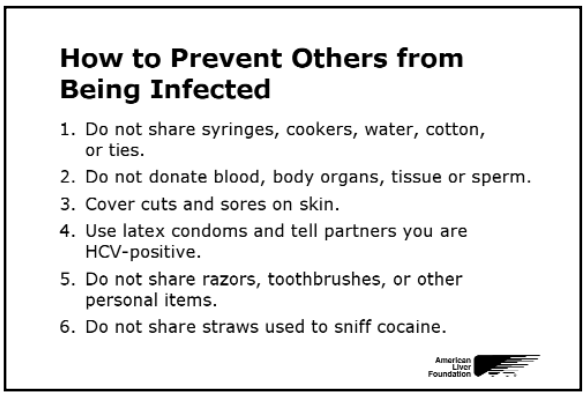
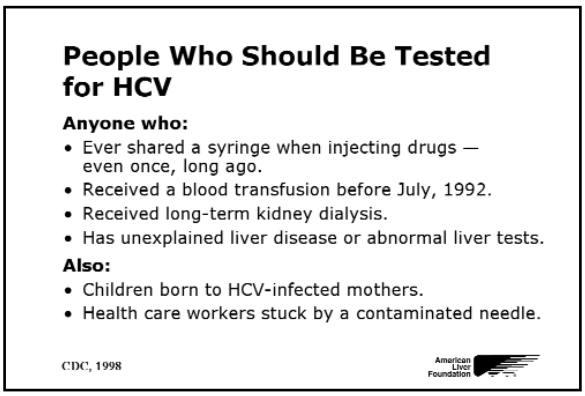


Hepatitis C Overview

Slide 13



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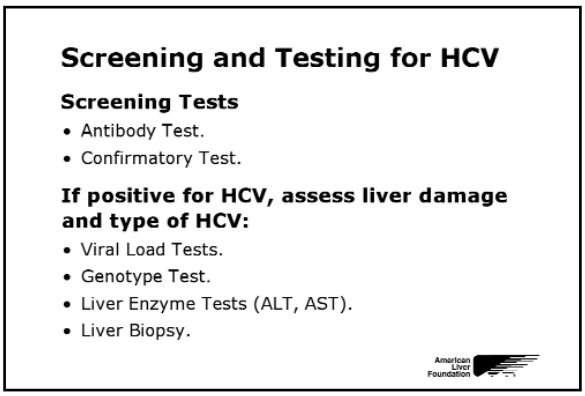
Slide 15



Hepatitis C Overview

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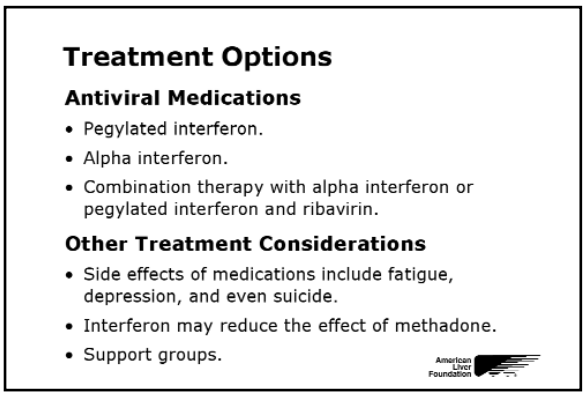

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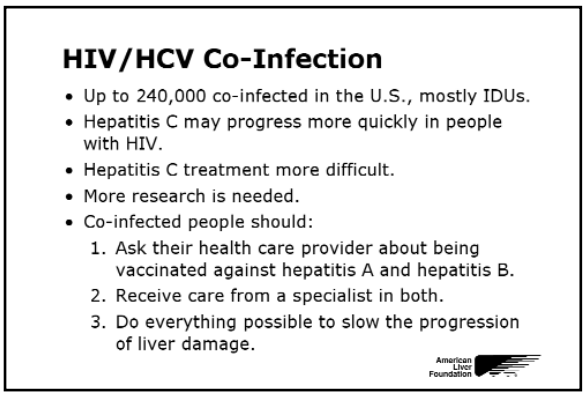
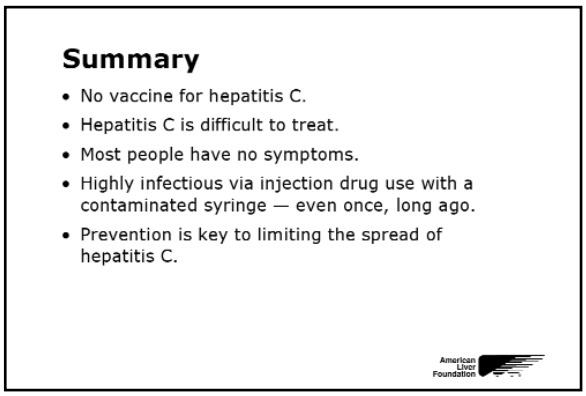
Slide 18



Hepatitis C Overview

Slide 19



Hepatitis C Overview

ACTIVITY 1

Myth or Fact About Hepatitis C

Indicate whether each of the following statements is a myth or a fact.

	MYTH	FACT
1) If you have hepatitis C, drinking several glasses of wine each day won't hurt your liver.		
2) 30% of HCV infections were caused by injection drug use.		
3) More IDUs are infected with HCV than with HIV.		
4) Most people with hepatitis C do not know they are infected because they feel fine.		
5) Diet and exercise won't make a difference to your overall health if you have hepatitis C.		
6) Most people with HCV infection turn yellow.		
7) Men who have sex with men are at increased risk for getting hepatitis C.		
8) You are not likely to get infected with HCV if you have unprotected sex with one HCV-infected partner.		
9) People with hepatitis C should ask their health care providers about being vaccinated against HAV and HBV (hepatitis A and B).		
10) There is an effective vaccine against HCV infection.		

ACTIVITY 2

How Risky Is It?

Indicate whether the following items pose a Definite Risk, Possible Risk, or No Risk of HCV infection.

	DEFINITE	POSSIBLE	NO RISK
1) Sharing a plate and a fork with a person who is infected with HCV.			
2) Shooting up cocaine with your HCV-positive friend's syringe.			
3) Sharing cotton used for drawing a drug into a syringe.			
4) Donating blood.			
5) Using your HCV-infected sister's razor.			
6) Snorting cocaine with an HCV-infected friend's straw.			
7) Unprotected vaginal sex with a person known to have hepatitis C.			

Why Integrate Hepatitis C Information Into HIV/AIDS and Drug Prevention Education?

OBJECTIVES

- To consider venues most appropriate for integrating hepatitis C prevention messages.
- To assess which hepatitis C prevention messages are most important for your clients.
- To discuss methods of conveying hepatitis C prevention messages to clients, and how to overcome barriers to getting the message out.

ACTIVITY

Activity 3: Hepatitis C Prevention Messages My Clients Need to Know

This activity is subjective. Read the prevention messages and think about which are most important for your clients and why. When writing your answers, consider effective strategies for relating these messages in the context of your work.

Some things to think about are:

- What challenges would you face when conveying these messages?
- Are there any other hepatitis C prevention messages (on or not on the list) that you think are important for your clients to hear?
- What are some obstacles in your clients' lives that may interfere with getting your message across?
- Is there another way to convey that message?
- What else might work?

Why Integrate Hepatitis C Information Into HIV/AIDS and Drug Prevention Education?

Venues for Integrating Hepatitis C Prevention Messages

Similar modes of transmission between HIV and HCV present an important opportunity to integrate hepatitis C into HIV prevention education efforts. Any program whose patients or clients are at high risk for hepatitis C can use this manual to train their staff to integrate hepatitis C prevention messages into current outreach, counseling, treatment or educational efforts so that they are most meaningful to their clients. The goal of this section is to describe how hepatitis C prevention efforts can be made in venues where efforts to reduce the risk of illnesses such as HIV may easily integrate similar messages about preventing hepatitis C.

As part of a comprehensive hepatitis C prevention strategy (see The National Hepatitis C Prevention Strategy, CDC, 2001), programs who target clients at high risk for HCV infection may consider adding HCV screening and testing services, referrals to appropriate medical care, support groups and follow-up services for their clients.

DRUG PREVENTION AND DRUG TREATMENT PROGRAMS

KEY VENUE FOR HEPATITIS C PREVENTION:

1. **Drug Prevention and Treatment Programs**

Why?
IDUs are at highest risk.

Drug treatment programs of all types have a unique opportunity to educate participants at risk of hepatitis C.

- Drug treatment programs provide direct services to drug users who may have shared injection equipment or straws used for sniffing cocaine. Most IDUs who have injected for five years are infected with HCV, but although symptom-free, they are infectious. Staff at drug prevention and screening programs may provide referrals for screening and medical services, and consider discussing secondary prevention messages.
- Cocaine sniffers may be at increased risk for hepatitis C if they used a straw that was previously used by an HCV-infected person. Drug prevention and treatment programs can raise awareness about this potential risk.
- People who have had an STD or unprotected sex with multiple partners may be at increased risk for being infected with HCV.
- There is evidence that women who have unprotected sex with multiple partners are at increased risk of becoming infected with HCV.

Why Integrate Hepatitis C Information Into HIV/AIDS and Drug Prevention Education?

HIV PREVENTION AND HIV/AIDS TREATMENT PROGRAMS

- HIV and HCV have similar modes of transmission—primarily syringe sharing and sexual behaviors. Staff members who are already talking about reducing HIV risk behaviors can easily tailor those messages to include hepatitis C prevention messages.
- It is important to prevent HCV infection in people with HIV because:
  - HCV may progress faster in people with HIV.
  - The body may not absorb HIV medications as well when the liver is damaged by HCV.
  - People co-infected with HIV and HCV may get more severe side effects from their medications.
  - Some HIV medications don't interact well with some medications for hepatitis C.

KEY VENUE FOR HEPATITIS C PREVENTION:

2.

HIV/AIDS Prevention and Treatment Programs

Why?

- Similar prevention messages for HIV and HCV.
- Prevent HIV/HCV co-infection.

HARM REDUCTION AND SYRINGE EXCHANGE PROGRAMS

Harm reduction is a set of practical strategies that aim to reduce the negative consequences of drug use without necessarily requiring abstinence. Harm reduction strategies encourage safer use, managed use, or abstinence of drugs. The most common examples of harm reduction programs are syringe exchange programs (SEP), which provide IDUs with new, sterile syringes in exhange for used ones. IDUs who exchange at SEPs still inject drugs, but by using clean needles and syringes, they protect themselves from becoming infected with HIV, HCV, or other infectious diseases.

HCV is transmitted much in the same way as the AIDS virus is. Both HIV and HCV are transmitted most efficiently via injection with a contaminated syringe. In fact, more IDUs are infected with HCV than with HIV. For this reason, people who work with IDUs, such as employees and volunteers at harm reduction and syringe exchange programs, have the perfect opportunity to integrate hepatitis C prevention messages into their current work.

KEY VENUE FOR HEPATITIS C PREVENTION:

3.

Harm Reduction/Syringe Exchange Programs

Why?

- IDUs are at highest risk.
- Staff already distributes (exchanges) equipment and educates users about safe injection practices.

Why Integrate Hepatitis C Information Into HIV/AIDS and Drug Prevention Education?

- Syringe exchange programs (SEP) serve the people at greatest risk of acquiring HCV. After five years of injecting, up to 90% of new IDUs were infected with HCV. SEPs may be in a unique position to help IDUs learn their HCV status, protect their health, and take steps to prevent infecting others. SEP staff and peer educators often share risk reduction tips, which can be easily modified to include hepatitis C prevention messages.
- SEP and harm reduction programs already distribute sterile injection equipment and educate users about safe injection practices. Most of the prevention education provided to clients focuses on HIV, but it can easily be expanded to include hepatitis C prevention. Efforts to reach new injectors will help to prevent new cases of hepatitis C.
- Only when they are tested and know their status will HCV-positive people seek medical treatment, take steps to keep healthy, and take additional precautions to prevent infecting others. Because SEPs and harm reduction programs see so many injectors, they are in a critical position to encourage HCV testing. Some exchanges offer HCV testing on-site and others have succeeded in identifying local health departments or medical centers where participants can be referred for no- or low-cost testing.

SEXUALLY TRANSMITTED DISEASE (STD) CLINICS AND PRIMARY CARE SETTINGS

Health care professionals are often unaware of current information available regarding the prevention and treatment of hepatitis C. This manual will help providers tailor messages effectively for their populations and will provide resources for accessing educational materials and additional information. STD clinics may target their patients for hepatitis C risk reduction efforts because a person who has been infected with an STD may be at increased risk of acquiring HCV. Although not commonly transmitted sexually, having unprotected sex with multiple partners may increase the risk of becoming infected with HCV. There is evidence that women who have had unprotected sex with multiple sex partners are at increased risk of becoming infected with HCV.

KEY VENUE FOR HEPATITIS C PREVENTION:

4. STD Clinics and Primary Care Settings

Why?

- People with a history of STDs or unprotected sex with multiple partners may be at risk.
- Women with a history of STDs or multiple partners may be at increased risk.

Why Integrate Hepatitis C Information Into HIV/AIDS and Drug Prevention Education?

- Existing programs at STD clinics and primary care settings that aim to identify people at risk of HIV may easily broaden their efforts to screen for risks associated with HCV infection. Screening and referral for medical evaluation may also be easily integrated into programs that already provide health care.
- In addition to the sexual risk associated with hepatitis C, it is possible for counselors or medical care providers in STD clinics and primary care settings to discuss the additional risk reduction measures that IDUs and cocaine sniffers can take.

HCV PREVENTION IN A PRISON SETTING

Because many injection drug users in the United States have been incarcerated, prisons and jails are uniquely positioned to provide hepatitis C prevention services to this high-risk population. Jails and prisons have a population that may not be engaged with harm reduction services, drug treatment programs, or medical services in their communities. The opportunity to educate this hard to reach population makes prison settings ideal for conveying important prevention messages about hepatitis C. The prevention messages in this manual may easily be tailored to be useful to HIV prevention counselors and other staff in prison settings.

KEY VENUE FOR HEPATITIS C PREVENTION:

5.

Prison Setting

Why?

- More than 80% of IDUs in the U.S. have been incarcerated.
- HCV prevalence among prison inmates is 3-5 times greater than in the general population.

Why Integrate Hepatitis C Information Into HIV/AIDS and Drug Prevention Education?

ACTIVITY 3

Hepatitis C Prevention Messages My Clients Need to Know

We know that because people's circumstances vary, some prevention messages may be more relevant than others. Please select what you believe to be the three most important prevention messages for your clients. For each message, write two sentences: one explaining why it is the most important message and the other describing what you could do to help your clients to "take that message home."

HEPATITIS C PREVENTION MESSAGES

- There is no vaccine for hepatitis C.
- Always use a new syringe each time you shoot up.
- Attend a risk reduction program.
- Bleach correctly.
- Consider entering a drug treatment program.
- Don't share cookers, water, drug solution, cotton or even tourniquets (ties).
- If you have multiple sex partners, use a latex condom every time.
- Ask your health care provider about getting vaccinated against HAV and HBV.
- Get tested for HCV.

Message 1 _____

Why it's important:

How can I convey this message to my clients?

Message 2 _____

Why it's important:

How can I convey this message to my clients?

Message 3 _____

Why it's important:

How can I convey this message to my clients?

Themes for Integrating Hepatitis C Prevention Messages

OBJECTIVES

To facilitate the integration of hepatitis C prevention messages by identifying common themes that may easily link hepatitis C prevention messages to your work.

ACTIVITIES

Activity 4

Similarities and Differences between HIV and HCV.

This tool provides a conceptual link between the familiar aspects of HIV and the newly introduced parallel characteristics of HCV. It is intended as a worksheet that can be filled in as a group.

Instructions: Read the HIV characteristic and record a parallel response for HCV.

Activity 5

To Test or Not to Test.

People deciding whether to test for HIV (and HCV) must balance concerns about their health with the possibility of learning they are infected with a serious disease. This activity is meant to highlight the issues that clients may face when considering the pros and cons of testing.

Themes for Integrating Hepatitis C Prevention Messages

ACTIVITY 4

Similarities and Differences Between HIV and HCV.

Review the characteristics of HIV and write in the answers for HCV.

	HIV
Type of infection	Blood-borne virus that affects the immune system.
Which bodily fluid has it?	Blood, semen, vaginal fluid.
How is it most often transmitted?	• Injection drug use with an HIV-infected syringe. • Use of contaminated mixing or rinse water, cotton, or cookers. • Unprotected vaginal or anal sex with infected partner.
How is it prevented?	• Not sharing syringes. • Using a clean syringe every time. • Not having sex with multiple partners or using a latex condom every time.
Vaccine	None.
Treatment	Effective treatments is available.
Symptoms	Flu-like symptoms or none at first. AIDS symptoms include weight loss, pneumonia, TB, thrush, cancers such as Kaposi's Sarcoma, and/or other opportunistic infections.
Progression	Chronic condition for most. 10-15 years to meet the AIDS definition; improved medicines slow the progression to AIDS.
What is the screening test?	A simple blood test. If positive, a confirmatory test is done.

Themes for Integrating Hepatitis C Prevention Messages

ACTIVITY 4

Similarities and Differences Between HIV and HCV.

Review the characteristics of HIV and write in the answers for HCV.

	HCV
Type of infection	
Which bodily fluid has it?	
How is it most often transmitted?	
How is it prevented?	
Vaccine	
Treatment	
Symptoms	
Progression	
What is the screening test?	

Themes for Integrating Hepatitis C Prevention Messages

ACTIVITY 5

To Test or Not to Test for HCV

Consider the reasons why people do and do not want to be tested for HCV and list them in the columns below.

REASONS PEOPLE DO NOT WANT TO TEST	REASONS PEOPLE WANT TO TEST

Post-Training Summary

Post-training Questionnaire

_____ _____ _____ _____

This questionnaire is anonymous. Enter any four-digit code of numbers or letters in the spaces above. Repeat the same code that you used on the pre-training questionnaire. Indicate how you feel about the following statements by checking the box that shows how much you agree or disagree.

	AGREE		DISAGREE	
	Strongly	Somewhat	Somewhat	Strongly
Drug users are so busy trying to get money to buy drugs that they don't have time to pay attention to warnings about hepatitis C.				
Treatment for hepatitis C makes you feel more sick than the disease itself.				
I know about who is at risk for hepatitis C and how to prevent it.				
It would be easy to incorporate hepatitis C prevention messages into the work I am currently doing.				
Most people would be tested for hepatitis C if they were offered the test for free.				

Please circle T for True and F for False for the following statements.

T **F** HCV can be transmitted by coughing, just like tuberculosis.

T **F** It's easier to get HCV than it is to get HIV– the AIDS virus.

T **F** HCV can be spread by using the same rinse water as an infected person when shooting up drugs.

T **F** There is a vaccine that protects against HCV.

T **F** Up to 90% of people who have injected drugs for 5 years or more have hepatitis C.

T **F** Most people who are infected with HCV have no symptoms at first.

T **F** 3.9 million people in the U.S. have been infected with HCV.

T **F** Most people who are HCV infected will not get sick.

T **F** Of the people who do get sick, it can take as long as 15 - 20 years for HCV to cause significant liver damage.

Other comments: _____

_____

_____

Hepatitis C: Frequently Asked Questions

Q: How common is hepatitis C?

A: Hepatitis C is the most common, chronic, bloodborne infection in the United States. The CDC reports that HCV causes 8,000-10,000 deaths per year, and the number is expected to increase greatly in the next 10-20 years. Currently, 2.7 million Americans are chronically infected with hepatitis C virus (HCV). Most do not know they are infected because they do not have symptoms. However, they are infectious and may unknowingly be spreading the disease to others.

Q: What are differences between hepatitis A, B and C?

A: Hepatitis C is sometimes confused with hepatitis A or B virus (HAV, HBV), two viruses which can be prevented by vaccination. People with HAV infection or HBV infection may not have any symptoms or may just feel like they have the flu. HAV is usually transmitted through household contact with an infected person or by eating food, raw shellfish such as clams, or drinking water that is contaminated with the virus. The virus can be spread at daycare centers, if, when diapering children, their feces come into contact with others. It can also be spread by sexual contact, or by sharing syringes. HAV is never chronic and most people recover completely, although death from hepatitis A does occur. HBV is transmitted sexually through exposure to blood, semen, vaginal secretions, and open sores. It is not spread casually. About 6% of HBV-infected adults develop long-term infection that can lead to severe liver damage, cirrhosis, or death.

Q: I remember hearing about non-A, non-B, hepatitis. What is that?

A: In the 1960's, an unidentified type of hepatitis, originally called non-A, non-B hepatitis, had infected many post-transfusion patients. In 1988 it was discovered that the hepatitis C virus was the primary cause of non-A, non-B hepatitis. HCV is now rarely transmitted via blood transfusions because, since 1992, blood has been screened and infected blood has been removed from the blood supply. Similarly, the screening process has virtually eliminated the risk of acquiring HCV from transplantation.

Q: How does hepatitis C affect the liver?

A: HCV is a bloodborne (transmitted via contact with blood) virus that affects the liver, the largest organ in the body. The liver's job is to process everything that is eaten, breathed, and absorbed through the skin. It converts food into nutrients, stores vitamins, minerals and sugars, produces bile, and detoxifies substances that are harmful to the body. Over time, the hepatitis C virus can cause scarring and other damage to the liver.

Hepatitis C: Frequently Asked Questions

Q: What happens to the people who are infected with the hepatitis C virus?

A: Out of 100 people who become infected with HCV, approximately:
- 15 clear the virus without treatment.
- 85 develop long-term infection.

Of those 85,
- 70 may develop chronic liver disease.
- 15 may develop cirrhosis, or scarring of the liver, over a period of 20-30 years.

Less than 3% die from the consequences of long-term infection (liver cancer or cirrhosis).

Q: How will I know if I have the hepatitis C virus?

A: Most people who are infected with HCV do not know it because they have no symptoms. Therefore, they can unknowingly spread the disease to others. Until recently, the word was not out about hepatitis C. Now people recognize the danger of the disease. Screening tests are becoming more widely available, and better treatments are being developed.

Q: How do people get infected with HCV?

A: How is HCV transmitted? HCV is passed from one person to another when one person's HCV-infected blood enters the bloodstream of another person.

Established risk factors for HCV
- Injection drug use with a shared syringe, even once, long ago.
- Transfusion of blood or blood products before July, 1992.
- Blood making contact with cuts or broken skin.
- Kidney dialysis.

Uncertain risk factors for HCV
- Unprotected sex with multiple partners.
- Unsterile tattoo or body piercing practices.
- Cocaine snorted with shared straw.
- Unprotected sex with just one long-term partner who is infected with HCV.
- Sharing razors and toothbrushes.

HCV is not spread by
- Sneezing, hugging, coughing, food or water, breastfeeding, sharing eating utensils or drinking glasses or casual contact.

HCV Cases Associated with Risk Factors
- 60% injection drug use.
- 15% sexual risk.
- 10% transfusion of blood or blood products (before 1992).
- 10% unknown.
- 5% mother-to-child (perinatal); health care workers; nosocomial.

Injection Drug Use and HCV Transmission

HCV is very efficiently and quickly transmitted via injection drug use with an infected syringe. HCV is four times more common than HIV, and studies have shown that 60-90% of IDUs who have injected drugs for five years are infected with HCV.

Hepatitis C: Frequently Asked Questions

Q: Can people get infected with the hepatitis C virus from having unprotected sex?

A: HCV is sexually transmitted, but not very easily. Transmission is rare between long-term steady partners, and it is still unknown what factors contribute to sexual transmission. However, like most sexually transmitted diseases, women are more susceptible than men to being infected from sexual contact with an infected partner. More research is needed to learn which factors contribute to the sexual transmission of the hepatitis C virus.

Q: How can hepatitis C be prevented among IDUs?

A: Injection drug use is a risk factor in 60% of the new HCV infections in the United States. IDUs are encouraged to:

1) Always use a new syringe for each injection.

2) If a new syringe is not available, bleach syringes carefully. In practice, bleach may not effectively kill HCV. Research shows that IDUs did not leave bleach in their syringes long enough to kill HIV. The same may be true of HCV. Only bleach if you must inject drugs before you can get a new syringe.

3) Don't share or reuse cookers, water, cotton or even tourniquets (i.e., ties, belts). Since bleach may not effectively kill HCV, try not to share any equipment.

Q: What is the correct method for bleaching syringes?

A: *Step 1:* **Rinse**. Fill the syringe with clean water by pulling back on plunger. Shake the syringe and squirt the water out. Repeat twice with new water.

Step 2: **Bleach**. Fill the syringe with full strength bleach and shake. Leave for 30 seconds; use a watch with a second hand to be sure. Squirt the bleach out through the syringe. Repeat bleaching two more times, each for 30 seconds.

Step 3: **Rinse**. Rinse the syringe three more times with clean water. Keep rinse water apart from water used to prepare drugs.

Q: How can hepatitis C be prevented among non-injectors?

A: Limit unprotected sex. Make every effort to use a latex condom every time. Although HCV is not easily transmitted sexually, it is believed that 10-20% of new infections have occurred because of sexual intercourse with an infected partner.

Hepatitis C: Frequently Asked Questions

Q: What other precautions can IDUs take?

A: **1)** IDUs should be tested for HCV because there is a good chance that they are already HCV-infected. If they test positive, they will need to get medical care, take steps to keep healthy, and prevent transmitting HCV to others.

2) It is recommended that IDUs be vaccinated against HAV and HBV. The hepatitis A and hepatitis B viruses can damage the liver. Getting vaccinated against HAV and HBV will protect your liver from these diseases.

Q: How can HCV-infected people stay healthy?

A: **1)** See a health care provider. Do not take any medications, including over-the-counter and herbal medicines, before consulting with your health care provider. It is best to see a hepatologist (doctor who specializes in liver diseases), a gastroenterologist (doctor who specializes in digestive diseases), or for the health care provider to consult with one of these specialists.

2) Be aware that alcohol can be toxic to the liver. Patients with hepatitis C are more sensitive to the toxic effects of alcohol. Drinking as few as 1-2 drinks per day can damage the liver, allowing hepatitis C to progress faster.

3) Get vaccinated. Check with a health care provider about getting vaccinated against the hepatitis A virus (HAV) and the hepatitis B virus (HBV), steps that can protect the body from other liver-damaging viruses.

4) Consider entering a drug treatment program (if addicted to alcohol or other drugs). Reducing the amount and toxicity of the substances that enter the body will help keep the liver as strong as possible.

5) Attend a risk reduction program to get help reducing alcohol and drug intake. Not only do risk reduction programs offer free syringes, but they also can recommend ways to reduce drug toxicity or to better manage drug use. Many programs offer stress-reducing therapies such as acupuncture and Reiki that may reduce drug cravings.

6) Eat healthy foods, get rest, exercise, and relax. Taking care of the body will help to strengthen the liver and prevent hepatitis C from progressing.

7) Get support. Most people with hepatitis C have no symptoms, but others feel very fatigued or depressed. Getting hepatitis C can be scary and overwhelming. Mentoring and support groups may help a person make life-altering decisions.

Hepatitis C: Frequently Asked Questions

Q: How can HCV-infected people protect others from the disease?

A: The same measures that can be taken to prevent being infected with HCV can also be taken to protect others.

1) Do not share syringes, cookers, water, cotton, ties, etc.

2) Do not donate blood, body organs, other tissue or sperm.

3) Be sure to cover cuts and sores on the skin.

4) Use latex condoms and tell partners you are HCV-positive.

5) Do not share razors, toothbrushes, or other personal items that may have blood on them.

6) Do not share straws used to sniff cocaine.

Q: Who Should be Tested for HCV?

A: HCV infection can occur to a person of any age.

People with any of these risk factors should be tested for HCV:

- Anyone who ever shared a syringe when injecting drugs, even once, long ago.
- Anyone who received a blood transfusion before July, 1992.
- Anyone who ever received long-term kidney dialysis.
- Anyone with unexplained liver disease or several abnormal liver tests.

Post-exposure testing for HCV should be done for:

- Children born to HCV-positive mothers.
- Health care workers who have been stuck by a contaminated needle or had other occupational exposures. (There is no post-exposure treatment for HCV).

Q: Is HCV testing recommended for everyone with a risk factor?

A: No. Although probably not at risk, people with the following risk factors may consider testing.

- People with a history of sexually transmitted diseases.
- People who have had unprotected sex with multiple partners.
- People who have had tattoos or body piercings with unsterile equipment (especially in prison).
- People who have shared straws.*
- Vietnam era veterans.*
- Long-term steady partners of HCV-positive people.*

** The CDC does not consider these to be significant risks.*

Q: What tests are used to diagnose HCV?

A: The screening test for HCV is a blood test that tells whether the body has developed antibodies to the hepatitis C virus. If positive, the test must be confirmed by a second blood test that rules out a false positive test result.

Hepatitis C: Frequently Asked Questions

Q: What is the viral load test?

A: After a person is confirmed to have the hepatitis C infection, viral load tests may be done to determine the concentration of HCV in the blood.

Q: What is the genotype test used for?

A: The genotype test determines which of the six types of HCV a person has. Genotypes describe which "family" a person's virus belongs to. Types 1a and 1b are the hardest to treat and are the most common types in the United States. Health care providers usually request this test only when a patient is a likely candidate for treatment because it helps the provider to assess the most effective course of treatment.

Q: What do liver enzyme tests do?

A: Liver enzyme tests are blood tests which measure the amount of inflammation in the liver (ALT, AST).

Q: Why are liver biopsies sometimes recommended?

A: A liver biopsy is done to determine if there is inflammation (fibrosis) or scarring (cirrhosis) of the liver. It is the only way to accurately determine the actual condition of the liver tissue. The procedure involves inserting a needle into the liver and taking a small tissue sample to test for damage to the liver.

Q: What treatment options are available?

A: In the past few years, substantial developments have been made in the treatment of chronic hepatitis C. New compounds have been developed resulting in improved outcomes.

Pegylated interferon

Pegylated (PEG) interferon is the current state-of-the-art treatment for hepatitis C. PEG interferon, a time-released drug, was approved by the FDA in February, 2001. Many health care providers are now using PEG interferon combined with ribavirin for improved results.

Treatment with alpha interferon

Several forms of alpha interferon are available. Interferon is injected under the skin three times per week for up to a year.

Combination therapy with alpha interferon and ribavirin

Ribavirin, an antiviral medication, is taken orally in addition to the alpha interferon injections. People who have type 2 or type 3 tend to have a higher response to combination treatment.

Hepatitis C: Frequently Asked Questions

Q: Is it true that the side effects of the medication are severe?

A: Antiviral medications have potentially severe side effects. The interferons can cause flu-like symptoms, muscle and joint pain, nausea, fatigue, anxiety, personality changes, withdrawal symptoms (some patients say interferon reduces the effect of methadone), depression, and even suicide. Interferon has been known to cause relapse in people with a history of drug or alcohol abuse. Ribavirin can cause severe anemia and birth defects, and is therefore not used to treat pregnant women.

Q: Are better medications on the way?

A: New and improved medications are continually developed by drug companies.

Q: Are there experimental drugs for patients who want to try new treatments?

A: Drug companies are working to develop and test new and better drugs to treat hepatitis C. Eligible patients may enroll in a study, or clinical trial, in order to receive experimental drugs. The patient receives free medication and medical care, and may benefit from a newer, more effective treatment. Eligibility criteria for clinical trials vary.

Q: Do any holistic remedies work?

A: Some people choose holistic remedies such as milk thistle, dandelion, garlic, and licorice root to treat or control the symptoms of hepatitis C. Acupuncture and Qi Gong have been used to promote the health of those who are infected. Increasing exercise, decreasing stress, eating well-balanced meals, drinking plenty of water, and preventing toxins from entering the body help to keep the liver healthy. Always speak to a health care provider before taking any medications, including herbs.

Q: Are support groups important for hepatitis C patients?

A: Hepatitis C is a serious illness that can be frightening and may cause anxiety. Support groups can help those infected to better understand the disease, learn what questions to ask, consider treatment options, and make lifestyle changes that will help them remain as healthy as possible. Support groups can help reduce anxiety and provide leads to additional resources.

Hepatitis C: Frequently Asked Questions

Q: What do I need to know about HCV and HIV Co-Infection?

A: It is estimated that up to 240,000 people are now co-infected with HIV and HCV in the United States. Co-infection with HIV and HCV is common, especially among IDUs. Hepatitis C may progress more rapidly in people who are co-infected with HIV. Although HCV does not make HIV progress faster, the liver damage caused by HCV may interfere with the body's ability to utilize HIV medicines.

Q: What special care should an HIV/HCV co-infected person get?

A: An HIV positive person with confirmed HCV co-infection should:

- Ask their health care provider about being vaccinated against HAV and HBV (if at risk) to prevent further damage to the liver.
- Receive care from a specialist who has expertise in both HIV and hepatitis C, or, if one is not available, be sure their health care provider consults with specialists of both diseases.
- Do everything possible to slow the progress of liver damage.
  - Limit or stop all alcohol consumption.
  - Eat nutritious meals.
  - Exercise.
  - Reduce stress.
  - Discuss treatment options with your medical care provider.

Q: What treatments are available for people with HIV/HCV Co-infection?

A: More research is needed to determine effective treatments for people with both HCV and HIV. Treatment of co-infected people must take into consideration how the medications and conditions of both diseases affect the patient.

Answer Sheets for Activities

ANSWER KEY

ACTIVITY 1

Myth or Fact About Hepatitis C

Indicate whether each of the following statements is a myth or a fact.

	MYTH	FACT
1) If you have hepatitis C, drinking several glasses of wine each day won't hurt your liver. *Answer:* Alcohol is potentially toxic to the liver. Experts recommend that people infected with HCV refrain from drinking alcohol, or drink as little as possible. This is especially true for people who are taking antiviral medications to treat hepatitis C.	✓	
2) 30% of HCV infections were caused by injection drug use. *Answer:* 60% of new HCV infections are caused by injection drug use.	✓	
3) More IDUs are infected with HCV than with HIV. *Answer:* Yes. Up to 90% of IDUs who have injected for 5 years or more are infected with the hepatitis C virus.		✓
4) Most people with hepatitis C do not know they are infected because they feel fine. *Answer:* Most people who are infected with HCV have no symptoms at the onset of the disease and so they do not know they are infected.		✓
5) Diet and exercise won't make a difference to your overall health if you have hepatitis C. *Answer:* There is evidence that a healthy diet and exercise can keep the liver healthier and slow the progression of the disease.	✓	
6) Most people with HCV infection turn yellow. *Answer:* Most people with HCV infection do not turn yellow. This symptom does appear in some people whose illness progresses to liver disease.	✓	
7) Men who have sex with men are at increased risk for getting hepatitis C. *Answer:* The rates of HCV infection among men who have sex with men (MSM) are not substantially higher than the rates among heterosexuals.	✓	
8) You are not likely to get infected with HCV if you have unprotected sex with one HCV-infected partner. *Answer:* Studies have shown that the prevalence of HCV infection among long-term spouses of HCV-infected partners is low.		✓
9) People with hepatitis C should ask their health care providers about being vaccinated against HAV and HBV (hepatitis A and B). *Answer:* Hepatitis A and hepatitis B are viruses that affect the liver. If the liver is already compromised by hepatitis C, it is important to be vaccinated against the other two viruses to keep your liver as healthy as possible.		✓
10) There is an effective vaccine against HCV infection. *Answer:* There is not yet a vaccine against HCV infection.	✓	

ANSWER KEY

Answer Sheets for Activities

ACTIVITY 2

How Risky Is It?

Indicate whether the following items pose a Definite Risk, Possible Risk, or No Risk of HCV infection.

	DEFINITE	POSSIBLE	NO RISK
1) Sharing a plate and a fork with a person who is infected with HCV. *Answer:* No Risk. Sharing a meal and utensils will not pass an infected person's blood into the other person's bloodstream.			✓
2) Shooting up cocaine with your HCV-positive friend's syringe. *Answer:* Definite Risk. Injecting with a syringe that is contaminated with HCV is the most efficient way of being infected with HCV.	✓		
3) Sharing cotton used for drawing a drug into a syringe. *Answer:* Definite Risk. If the person you are sharing with is HCV-infected, there is a good chance you can get infected. Most IDUs are already infected with HCV within 5 years of starting to inject, so the chance that you are sharing with an infected person is very high.	✓		
4) Donating blood. *Answer:* No Risk. Sterile equipment is used to draw blood.			✓
5) Using your HCV-infected sister's razor. *Answer:* Definite Risk. It is possible that a trace of blood from your infected sister's razor could enter your bloodstream if you were to cut yourself while shaving.	✓		
6) Snorting cocaine with an HCV-infected friend's straw. *Answer:* Possible Risk. Although HCV is not usually transmitted from sharing straws, it is possible that some of your friend's blood got onto the straw and then got into your bloodstream through a scratch in your nose.		✓	
7) Unprotected vaginal sex with a person known to have hepatitis C. *Answer:* Possible Risk. It is possible to become infected with HCV by having unprotected sex with an infected partner.		✓	

Answer Sheets for Activities

ANSWER KEY

ACTIVITY 4

Similarities and Differences Between HIV and HCV.

Review the characteristics of HIV and write in the answers for HCV.

	HIV	HCV
Type of infection	Blood-borne virus that affects the immune system.	Blood-borne virus that affects the liver.
Which bodily fluid has it?	Blood, semen, vaginal fluid.	Blood, semen, vaginal fluid.
How is it most often transmitted?	• Injection drug use with HIV-infected syringe. • Use of contaminated mixing or rinse water, cotton and cookers. • Unprotected vaginal or anal sex with infected partner.	• Injection drug use with HCV-infected syringe. • Use of contaminated mixing or rinse water, cotton and cookers.
How is it prevented?	• Not sharing syringes. • Using a clean syringe every time. • Not sharing cookers, cotton or water. • Not having sex with multiple partners or using a latex condom every time.	• Not sharing syringes. • Using a clean syringe every time. • Not sharing cookers, cotton or water. • Not having sex with multiple partners or using a latex condom every time. • Not using other people's razors or toothbrushes. • Not sharing straws (for sniffing cocaine).
Vaccine	None.	None.
Treatment	Effective treatment is available.	Treatment is limited, but improving.
Symptoms	Flu-like symptoms or none at first. AIDS symptoms include weight loss, pneumonia, TB, thrush, cancers such as Kaposi's Sarcoma, and/or other opportunistic infections.	Usually none at first. Later symptoms include fatigue, flu-like symptoms, lack of concentration, yellow coloring (jaundice), depression, and liver pain.
Progression	Chronic condition for most. 10-15 years to meet the AIDS definition; improved medicines slow the progression to AIDS.	Chronic condition for most. 15-20 years to develop symptoms; can cause cirrhosis; can lead to cancer.
What is the screening test?	A simple blood test. If positive, a confirmatory blood test is done.	A simple blood test. If positive, additional tests are done.

ANSWER KEY

Answer Sheets for Activities

ACTIVITY 5

To Test or Not to Test for HCV

Consider the reasons why people do and do not want to be tested for HCV and list them in the columns below.

REASONS PEOPLE DO NOT WANT TO TEST	REASONS PEOPLE WANT TO TEST
• I don't want to know. • I'm afraid to bring up the past (a history of injection drug use). • Treatment is too expensive. • Treatment may not work for me. • I heard that the medication for hepatitis C makes you feel sick. • The test is too expensive. • I don't know where to go for testing. • I feel fine. • I'm afraid to find out I am positive. • People will treat me differently if I am positive. • I'm afraid the test results will not be kept confidential. • I already have HIV.	• I do want to know. • I feel fine, but I could still be HCV positive and if I am, I don't want to give it to anyone else. • I'm worried that the tattoo artist may not have sterilized the needle first. • If I test positive, then I should really stop drinking so much. • I heard there are new treatments that work better than before. • I have HIV. I need to know if I have hepatitis C so I can make informed decisions about my treatment. • I just found out the guy I used to shoot up with has hepatitis C.

TAKE TESTING TO AT-RISK COMMUNITIES.

Participants in hepatitis C-prevention focus groups said that trainers lost credibility when they emphasized the importance of getting tested, but did not know of a testing site. It is important to check with the local health department or hospital for HCV screening and medical resources in the area.

Resources

PRINT

American Liver Foundation
Books, fact sheets and brochures.
Call 1 800 GO LIVER (465-4837) or www.liverfoundation.org

Centers for Disease Control and Prevention
Fact sheets, brochures and other publications.
Call 1 800 4HEPCDC (443-7232) or www.cdc.gov

Hepatitis Magazine
Call 1 877 943-7284 ext. 149 or www.hepatitismag.com

WEB

American Liver Foundation ..... www.liverfoundation.org
American Social Health Association ..... www.ashastd.org
Centers for Disease Control and Prevention ..... www.cdc.gov
Hepatitis Foundation International ..... www.hepfi.org
HIV and Hepatitis ..... www.hivandhepatitis.com
Immunization Action Coalition ..... www.immunize.org
National Association of County and City Health Officials ..... www.naccho.org
National Commission on Correctional Health Care ..... www.ncchc.org
National Digestive Diseases Information Clearinghouse ..... www.niddk.nih.gov
National Minority AIDS Council ..... www.nmac.org

TELEPHONE

American Liver Foundation ..... 1 800 GO LIVER (465-4837)
CDC National Hepatitis Hotline 1 888 4HEPCDC (443-7232)
National Digestive Diseases Information Clearinghouse 1 800 891-5389
National Immunization Program ..... 1 800 CDC-Shot (232-7468)

SUPPORT GROUPS

For additional resources in your area, check the **web connections** of the sites listed above or search for HCV support in your city; call the **American Liver Foundation** at 1 800 GO LIVER or check your **local phone book** for more information.

Glossary

AIDS: Acquired immunodeficiency syndrome (AIDS) is a fatal disease that attacks the body's immune system.

ALT/AST: Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) are enzymes made by the liver. When the liver is damaged, ALT/AST leak into the bloodstream, causing levels to rise. Testing these levels can identify the presence of liver damage.

Baseline test for the hepatitis C virus (HCV): A blood test to measure liver function at the discovery or onset of the disease that is compared to later test results to determine disease progression or the effectiveness of treatment.

Blood-borne virus: A virus that is spread primarily by contact with blood.

Chronic hepatitis C infection: Diagnosed when anti-HCV is present and liver enzymes remain elevated for more than 6 months.

CD4 cells (T-cells): The watchdogs of the body that signal white blood cells to attack. CD4 cells are a type of T-cell. HIV kills CD4 cells making the T-cell count go down. If the T-cell count falls below 200, an HIV-positive person is considered to have AIDS.

Cirrhosis: Scarring of the liver that has been inflamed for a long time, preventing the liver from functioning normally. It is often a symptom of hepatitis C.

Combination Therapy: Treatment for hepatitis C that includes interferon and ribavirin.

Genotype test: A blood test that determines which of the six types of HCV a person has. A genotype refers to the genetic makeup of the virus and describes the "family" to which the specific virus belongs.

Hemodialysis: Also known as kidney dialysis, is a mechanical process that removes the blood from the body, eliminates toxins from the blood, and returns it back into the body.

Hepatitis A: One of five known viruses that cause inflammation of the liver (the others are B, C, D, and E). Transmission is usually by personal contact with an infected person. Symptoms are mild, if any, the virus is never chronic and usually does not cause death. A vaccine can prevent the hepatitis A virus (HAV).

Hepatitis B: A virus that is affects the liver, and is transmitted sexually through exposure to infected blood, semen, vaginal secretions, or open sores. It is not spread casually. Symptoms are usually mild, if any, but about 6% of infected adults develop long-term (chronic) infections that can cause severe damage to the liver, or even death. A vaccine can prevent the hepatitis B virus (HBV).

Glossary

Hepatitis C: A blood-borne disease that affects the liver, and becomes chronic in 75-85% of the cases. It is most commonly transmitted by syringe sharing, high-risk sexual behavior, and blood transfusions (before 1992). The virus invades the liver, causing inflammation that results in damage to the liver. There is no vaccine for the hepatitis C virus (HCV).

HIV: The human immunodeficiency virus is a blood-borne virus that causes AIDS. It impairs the body's immune system and its ability to fight off other diseases known as opportunistic diseases.

HIV/HCV Co-infection: This is when a person is infected with both HIV and HCV.

IDUs: Injection drug users are people who inject (usually illicit) drugs such as heroin, cocaine, speed or steroids into a vein, muscle, or under their skin.

Interferon: A protein that helps the body fight infections. It occurs naturally in the body and is also a medication used to treat illnesses such as hepatitis C.

Jaundice: A symptom of hepatitis, this condition makes the skin and eyes turn yellow.

Liver biopsy: A test done by inserting a needle into the liver and taking a small sample to test for damage to the liver. It is the only way to accurately determine the condition of the liver.

Liver enzyme tests: These blood tests measure the amount of inflammation in the liver (ALT, AST).

Liver transplant: The removal of a person's severely damaged liver and replacement with either the liver from a person who has recently died or a part of a living donor's liver.

Monotherapy: Treatment for hepatitis C with interferon only.

Ribavirin: An antiviral medication that is not effective by itself, but when combined with interferon, improves the effectiveness of interferon at combating hepatitis C.

SEPs: Syringe exchange programs are storefronts, vans or street-based programs where injection drug users can trade a used (and potentially contaminated) syringe for a sterile one.

Sustained Response: A person's successful response to HCV antiviral medications is considered "sustained" if the virus is not present in the blood and if ALT levels remain favorable at least one year after treatment has stopped.

Viral load test: A blood test that measures the concentration of hepatitis C virus in the blood. Numbers reported on the viral load test for HCV do not have the same value as those reported on other viral load tests (e.g. HIV).

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Educational Tools and Order Form

Many materials are also available online at www.liverfoundation.org.

Printed Workbook and Manual

	QUANTITY		QUANTITY
HIT'M Workbooks **($6.00 includes shipping)**		HIT'M Training Manual **($27.50 incl. ship.)**	

Printed Brochures

Single copy: $0.75 **25 copies: $8.00** **50 copies: $14.00** **100 copies: $20.00** **1000 copies: $150.00** **Complete set: $10.00**

	QUANTITY		QUANTITY
Getting Hip to Hep *(English)*		Hepatitis B: Your Child at Risk	
Getting Hip to Hep *(Spanish–Lo Que Debe Saber Sobre las Hepatitis A, B y C)*		Hepatitis C: An Information Resource	
T.H.I.N.K.–The Hepatitis Information You Need to Know Targeting Injection Drug Users (IDUs)		T.H.I.N.K. *(African American-English)*	
T.H.I.N.K.–The Hepatitis Information You Need to Know – *General*		T.H.I.N.K. *(Chinese Language)*	
Cirrhosis: Many Causes		T.H.I.N.K. *(Korean Language)*	
Cirrhosis: Many Causes *(Spanish–La cirrhosis: sus muchas causas)*		T.H.I.N.K. *(Latin American–English)*	
Diet & Your Liver		T.H.I.N.K. *(Latin American–Spanish)*	
Facts on Liver Transplantation		T.H.I.N.K. *(Men who have sex with men)*	
		T.H.I.N.K. *(Vietnamese Language)*	
		Veterans: The War Against Hepatitis C	
		Your Liver Lets You Live	

Fact Sheets

Single copy: $0.50 **25 copies: $6.00** **50 copies: $10.00** **100 copies: $18.00** **1000 copies: $140.00** **Complete set: $10.00**

	QUANTITY		QUANTITY
Hepatitis C		Liver Biopsy	
Chronic Hepatitis		Liver Function Tests	
Drug-Induced Liver Injury		Living Donor Transplantation	
Hepatitis A		Pregnancy and the Liver	
Hepatitis B		Vaccination for Hepatitis A and B	
Hepatitis B: Breaking the Cycle of Infection from Mother to Newborn		Your Liver Treats You Right	

Educational Tools and Order Form

Publications – Miscellaneous

	QUANTITY		QUANTITY
Love Your Liver Coloring Book for Children **($2.00 each; bulk $0.75 each)**		Info Kits for Healthcare Professionals **($15.00 each)**	
Love Your Liver Coloring Book for Children **(Spanish – prices as above)**		Organ Donor Cards **(no charge)**	
Progress/HEAL Newsletter **($1.00 each)**		Conquering Hepatitis C by Willis C. Maddrey © 2002 **($12.00 each)**	

Posters – Buttons – Stickers

	QUANTITY		QUANTITY
Hi… I'm Your Liver–Love Me! *– bumper sticker* **($1.00 each)**		Love Your Liver–*button* **($1.50 each)**	
		Hepatitis C–*button* **($1.50 each)**	
Lovin' Liver–*stickers* **($0.75/sheet of 20)**		Organ Donor Ribbon–*pin* **($2.00 each)**	

HOW TO ORDER:

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2) Pay by check or credit card. *Make checks payable to the American Liver Foundation*
3) Fax your order to the ALF Distribution Center at 201 256-3214 or send your order to: 1425 Pompton Avenue, Suite 3
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